

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13289

State File No.

No. 300
10.48

FILED APR 22 1949

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Peniscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville,</u>	
c. LENGTH OF STAY (in this place) <u>3 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>512 E. 14th, St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 E. 14th, St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Kimmons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 10, 1900</u>		9. AGE (In years last birthday) <u>About 48 50</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Fayette Co., Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Kalop Kimmons</u>		13b. MOTHER'S MAIDEN NAME <u>Jeannie Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Kimmons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>414-38-2749</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Kimmons</u> ADDRESS <u>Caruthersville, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - This man died without Medical attention</u>						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				
II. OTHER SIGNIFICANT CONDITIONS						

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>James A. Osburn Coroner Caruthersville, Mo</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>4-10-49</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Welke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Smith</u> ADDRESS <u>Fun Home Caruthersville, Mo</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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4-49-106

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Parthenusville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.