FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20435

State File No.

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 3050 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Busby & River Front

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): Caruthersville
d. STREET ADDRESS (If rural, give location): Busby & River Front

3. NAME OF DECEASED (Type or Print)
a. (First): L
b. (Middle): O
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): June 22 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1903
9. AGE (In years last birthday): 46 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rockwood Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Smith
13b. MOTHER'S MAIDEN NAME: Nellie Woods.
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eddie Smith — **ADDRESS**: Caruthersville Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ptomaine poision.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 3rd degree burns, both legs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Repairing boat
21c. (CITY, TOWN, OR TOWNSHIP): Caruthersville — **(COUNTY)**: Pem. — **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-17-49 3:00 pm.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Spilled gasoline caught on fire.

22. I hereby certify that I attended the deceased from 6/17 1949, to 6/22 1949, that I last saw the deceased alive on 6/22/49 19__, and that death occurred at 4:30 a m., from the causes and on the date stated above.

23a. SIGNATURE: H. W. Shipp **(Degree or title)**: D
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: 6/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-23-49
24c. NAME OF CEMETERY OR CREMATORY: Little prairie
24d. LOCATION (City, town, or county) (State): Caruthersville Mo.

DATE REC'D BY LOCAL REG.: June 25, 1949
REGISTRAR'S SIGNATURE: Fressie B. Wilkins 247
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Noel C. Dean Caruthersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-49-162

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.

Signed Noel C. Dean

Signed _____
Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Mo.

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

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