No. 300
10-48

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

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29431

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Coon Island
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Miles SE Neelyville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Coon Island
d. STREET ADDRESS (If rural, give location): 8 Miles SE of Neelyville

3. NAME OF DECEASED (Type or Print) a. (First): Ronnie b. (Middle): David c. (Last): St Cin
4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 49
5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 23, 1948
9. AGE (In years last birthday): 1 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Butler Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: 0
13a. FATHER'S NAME: Clarence StCin
13b. MOTHER'S MAIDEN NAME: Bessie Layton
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Clarence StCin — ADDRESS: Neelyville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. 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): 3rd Degree Burns

ANTECEDENT CAUSES

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

DUE TO (b):

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: 1 9 16 0. / 16

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.): Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Neely W Butler Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 13 1949 7 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Farm Home Burned

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 7 A. m., from the causes and on the date stated above.*

23a. SIGNATURE: Owen (W) Green (Degree or title): Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 9/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 15, 49
24c. NAME OF CEMETERY OR CREMATORY: Brownes Ceme.
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: Sept 17, 1949
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Gish Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 REC'D
449-280
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 Susan McCord

Licensed Embalmer No. 4279

P. O. Address Naylor, 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.