

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25763

BIRTH NO.

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. LENGTH OF STAY (in this place) 1 Hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Essex Rpt 2 1030		d. STREET ADDRESS (If rural, give location) 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION 132 E. Front, St Sikeston, Mo				d. STREET ADDRESS (If rural, give location) R. F. D. #2 Essex, Mo					
3. NAME OF DECEASED a. (First) Charlie			b. (Middle) E.		c. (Last) Baremore		4. DATE OF DEATH (Month) (Day) (Year) 6 29 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 12/14/1880		9. AGE (In years) (If under 1 year last birthday) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 69 6 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Self			11. BIRTHPLACE (State or foreign country) Springfield, Mo		12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME John Baremore			13b. MOTHER'S MAIDEN NAME Haddie Garfield			14. NAME OF HUSBAND OR WIFE Ruth Baremore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-12-9045		17. INFORMANT'S SIGNATURE OR NAME Ruth Baremore R.F.D. #2 Essex, Mo				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)				4222	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Stoddard, Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4-22, 1950, to 6-29, 1950, that I last saw the deceased alive on 6-27, 1950, and that death occurred at 8 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Ruth Baremore (Degree or title)					23b. ADDRESS Sikeston, Mo			23c. DATE SIGNED 7-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/50		24c. NAME OF CEMETERY OR CREMATORY Pleasant valley Cem R.F.D. #2 Essex, Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG July 10-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter			25. FUNERAL DIRECTOR'S SIGNATURE John Albritton, Sikeston, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17 19

SCOTT COUNTY HEALTH

CO. FILE NO. 750

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.....

.....
working under my personal supervision.

Student Embalmer No. 362

Signed Billy Payne Hopkins
Student Embalmer

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Jefferson W

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.