No. 300
10.46

164
0

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

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26227

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape GIRARDEAU
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South East Mo. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Como 0720
d. STREET ADDRESS (If rural, give location): 7 Miles South East Malden 1

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Marion
c. (Last): Choat

4. DATE OF DEATH (Month) (Day) (Year): August 26 1950

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 8 1920
9. AGE (In years last birthday): 30 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Malden Mo 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Benjamin Choat
13b. MOTHER'S MAIDEN NAME: Audra ~~Martin~~ Porter
14. NAME OF HUSBAND OR WIFE: Elwanda Choat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Elwanda Choat — **ADDRESS**: Malden, Route 1

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) skull fracture and broken Neck — INTERVAL BETWEEN ONSET AND DEATH: 5 & 1/2 1

ANTECEDENT CAUSES

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

DUE TO (b) _____ — 26

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: 016
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.): H.W.25. Mile S. Jackson
21c. (CITY, TOWN, OR TOWNSHIP): Cape Girardeau — **(COUNTY)**: Cape Gir. — **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 27 50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Truck and Car Side Swipe

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.*

23a. SIGNATURE: E. R. Crocker — (Degree or title): Coroner
23b. ADDRESS: 4-S. Pacific St Cape Gir
23c. DATE SIGNED: Sept 1 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 8-28-50
24c. NAME OF CEMETERY OR CREMATORY: Malden M. Park
24d. LOCATION (City, town, or county) (State): Malden, Mo.

DATE REC'D BY LOCAL REG.: 9-1-1950
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE: Day Funeral Home — **ADDRESS**: Malden, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 5 1950

DISTRICT HEALTH OFFICE No. 3

File No.....

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 J. D. Schauman

Licensed Embalmer No. 4086

R. O. Address Malden

Signed.....
Student Embalmer

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.