S. No. 300
v. 10.48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39533

BIRTH NO. — REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 174

1002

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston,
c. LENGTH OF STAY (in this place): 9 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Resident 209 Dixie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 1002
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Missouri 0
d. STREET ADDRESS (If rural, give location): 209 Dixie St

3. NAME OF DECEASED (Type or Print)
a. (First): Johnnie
b. (Middle): —
c. (Last): Holt

4. DATE OF DEATH (Month) (Day) (Year): 11 - 24 - 50

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: August 28, 1912
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR Months 2 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Mississippi 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Holt
13b. MOTHER'S MAIDEN NAME: Indiana McGee
14. NAME OF HUSBAND OR WIFE: Frankie Holt

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Martha Buchanna-Milwakee, — ADDRESS: Wis.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Burned to death in Home — 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)
DUE TO (c)

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

67 10 11

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 100
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.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Sikeston — (COUNTY): Scott — (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 - 24 - 1950 1:00 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Home Burned at Night

22. *I hereby certify that I attended the deceased from* First, 19 Case after, 19 Death, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clyde Poe Coroner
23b. ADDRESS: Sikeston Mo.
23c. DATE SIGNED: 11/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/28/50
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Cemetary
24d. LOCATION (City, town, or county): West of Sikeston — (State): Mo.

DATE REC'D BY LOCAL REG.: Nov 29-50
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith — ADDRESS: 1212 Maud St. Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 4 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1950-171

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.