

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13458**
Registrar's No. **47223**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906	
1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Wardell, Rural		c. LENGTH OF STAY (In this place) 20 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell 0780		
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. 1			d. STREET ADDRESS (If rural, give location) Rural Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) C.		b. (Middle) B.	c. (Last) Bobo	4. DATE OF DEATH (Month) (Day) (Year) April 30, 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Viola Bobo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give year or dates of service) WW I	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Viola Bobo ADDRESS Wardell, Mo.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1-51 , to 4-30-51 , that I last saw the deceased alive on 4-28-51 , and that death occurred, at 8 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Doctor or title) D. Glad A. Chastain, D.O.			23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 5-1-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-51	24c. NAME OF CEMETERY OR CREMATORY St. Paul	24d. LOCATION (City, town, or county) (State) Wardell, Mo.		
DATE REC'D BY LOCAL REG 5-5-51	REGISTRAR'S SIGNATURE John W. Gorman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn Funeral Home, Wardell, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

780

5-51-120

DEC 10 1959

MAY 10 1951

MAY 7 1951

C. B. Beecher, M. D.,
Pcmiscot County Health Department,
Caruthersville, 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.

Signed

James A. Osburn

Signed.....
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.