No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 8- 1951
7-9-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20221

BIRTH NO. 7-9-51 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Little River
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Little River 0780
d. STREET ADDRESS (If rural, give location): Rural Route 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Beletha
b. (Middle):
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1951

5. SEX: Female 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child 0
8. DATE OF BIRTH: Feb. 25, 1950
9. AGE (In years last birthday): 1 — 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): Child
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Portageville, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: A. D. Scott
13b. MOTHER'S MAIDEN NAME: Fannie Granger
14. NAME OF HUSBAND OR WIFE: x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME: A. D. Scott — ADDRESS: Portageville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned up in house fire

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. E9160 16

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 078
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.): Family Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Little River Pemiscot Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 23, 1951 11 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Burned up in house fire

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: James A. Osburn (Degree or title): Coroner
23b. ADDRESS: Wardell, Mo.
23c. DATE SIGNED: 6-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-24-51
24c. NAME OF CEMETERY OR CREMATORY: St. Paul
24d. LOCATION (City, town, or county) (State): Wardell, Mo.

DATE REC'D BY LOCAL REG.: 7-2-51
REGISTRAR'S SIGNATURE: John W. German 406
25. FUNERAL DIRECTOR'S SIGNATURE: Jimmy Osburn Funeral Home — ADDRESS: Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7-51-167

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

JUL 6 1951

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. 4485

P. O. Address Warrell, 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.