

No. 300
10. 48

7-9-51
FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20022

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. _____

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| 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 township) OR TOWN Rural Little River | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River 1780 | |
| c. LENGTH OF STAY (In this place) Life | | d. STREET ADDRESS (If rural, give location) Rural Route 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2 | | | |

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|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Melvin b. (Middle) Scott c. (Last) Scott | | | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1951 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child | 8. DATE OF BIRTH March 15, 1948 | 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months 0 Days 0 |
| 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. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME A. D. Scott | 13b. MOTHER'S MAIDEN NAME Fannie Granger | 14. NAME OF HUSBAND OR WIFE A. Childatt |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME A. D. Scott | ADDRESS Portageville, Mo. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned up in house fire | | |
| | ANTECEDENT CAUSES Morbidity 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 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (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. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 23, 1951 1A.M. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Burned up in house fire |
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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.

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| 23a. SIGNATURE James A. Osburn (Degree or title) Coroner | 23b. ADDRESS Wardell, Mo. | 23c. DATE SIGNED 6-23-51 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-24-51 | 24c. NAME OF CEMETERY OR CREMATORY St. Paul | 24d. LOCATION (City, town, or county) (State) Wardell, Mo. |
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| DATE REC'D BY LOCAL REG. 7-2-51 | REGISTRAR'S SIGNATURE John W. German | 25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn | ADDRESS Funeral Home Wardell, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

780
1

7-51-163

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.....
Student Embalmer

Signed

James A. Johnson

Licensed Embalmer No. 4185

P. O. Address Wassell, 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.