

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 23910

BIRTH NO. REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5866 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myrtle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Myrtle 0750	
c. LENGTH OF STAY (in this place) 2 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE		b. (Middle) COUSINS		c. (Last) COUSINS		4. DATE OF DEATH (Month) (Day) (Year) June 17, 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH Jan. 9, 1948		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 3 5 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mammoth Spring, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Clyde Cousins		13b. MOTHER'S MAIDEN NAME Flossie Blackburn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Cousins, Myrtle, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Puapura		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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 296x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55P.m., from the causes and on the date stated above.

23a. SIGNATURE D W Cousins		(Degree or title) M.D.		23b. ADDRESS Thayer, Mo.		23c. DATE SIGNED 7-6-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE June 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Cave Springs		24d. LOCATION (City, town, or county) (State) Oregon County, Mo.	
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DATE REC'D BY LOCAL REG. 7-14-51		REGISTRAR'S SIGNATURE Ella Cross 416		25. FEDERAL DIRECTOR'S SIGNATURE Frank Carter		ADDRESS Thayer, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

750
1

RECEIVED

JUL 18 1951

DISTRICT HEALTH OFFICE No. 6

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Edward Carter*

Licensed Embalmer No. *4516*

P. O. Address *Hayes 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.