

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27767

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 4396		Registrar's No. 84		
1. PLACE OF DEATH a. COUNTY Pemiscot 0781				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 Wardell				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wardell 0780				
c. LENGTH OF STAY (in this place) Life				d. STREET ADDRESS (If rural, give location) 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) E.		c. (Last) Holland		4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1951	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) About 70		IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (State or foreign country) Wardell, Mo. 0		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 Georgia Holland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. x		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Holland 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 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) m.		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 _____, 8A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Claud N. Chute D.D.				23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 8-8-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-51	24c. NAME OF CEMETERY OR CREMATORY St. Paul		24d. LOCATION (City, town, or county) (State) Wardell, Mo.			
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE John W. Gorman 400		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

9-57. 221

Rec. SEP 7 1951

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

DEC 10 1953

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
Licensed Embalmer No. 4185

Signed.....
Student Embalmer

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.