

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27771

State File No.

FILED SEP 10 1951

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Pemiscot 0780</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deering road</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele 0780</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1st St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-51</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Barney</u> b. (Middle) <u>Liscomb</u> c. (Last) <u>Liscomb</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>8-31-1892</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 11 HRS. Days <u>11</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cat driver</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Liscomb</u>		13b. MOTHER'S MAIDEN NAME <u>Leckman</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben Liscomb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Liscomb</u> ADDRESS <u>Steele Mo</u>	
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) <u>Murder- Fractured Skull</u> 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 <u>E983X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Homicide</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Deering, Mo. Pemiscot, Mo.</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Aug. 20, 1951 m.</u> 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Murder- Fractured skull</u>		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.	
22a. SIGNATURE (Degree or title) <u>James A. Osburn</u> Coroner		22b. ADDRESS <u>Wardell, Mo.</u>	
22c. DATE SIGNED <u>8-12-51</u>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>8-23-51</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-7-51</u>		REGISTRAR'S SIGNATURE <u>John W Gerna 406</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>James G. Gentry</u>		ADDRESS <u>Steele Mo</u>	

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

9-51-219

Rec. SEP 7 1951

F. B. Beecher, M. D.,
Pemiscot 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John W. Gorman

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Haystack 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.