

FILED NOV 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38313**
 BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5904** Registrar's No. **124**

1. PLACE OF DEATH a. COUNTY Pemiscot b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Little River c. LENGTH OF STAY (In this place) 9 YR. d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Pemiscot c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, LITTLE RIVER d. STREET ADDRESS (If rural, give location) 8780	
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3. NAME OF DECEASED (Type or Print) a. (First) Leon b. (Middle) Lee c. (Last) SHAMBLIN			4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1951					
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Sept 4 1939	9. AGE (In years last birthday) 12	10. UNDER 1 YEAR (Months) 2	11. UNDER 1 YEAR (Days) 9	12. UNDER 1 YEAR (Hours) _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT			11. BIRTHPLACE (State or foreign country) JOHNSON Co. ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JOHN HIGNIGHT	13b. MOTHER'S MAIDEN NAME NANCY EASTEP	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Nancy Shamblin 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck Antecedent Cause: Automobile accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH E 8 12 4 25
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Little River Pemiscot, Mo	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Little River Pemiscot, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 13, 1951 5 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by Automobile

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 (Degree or title) James G. Osburn, MD	23b. ADDRESS Wardell, Mo	23c. DATE SIGNED 11-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 16 1951	24c. NAME OF CEMETERY OR CREMATORY WARDELL CEMETARY	24d. LOCATION (City, town, or county) (State) WARDELL MISSOURI
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DATE REC'D BY LOCAL REG. 11-23-51	REGISTRAR'S SIGNATURE John W German	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lo. Fozal Undertaking Co. Carterville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

 No. 300
 10.48
 1780
 3

11-51-290

Rec. NOV 24 1959

S. 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.....

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Mungle
Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.