

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2214

FILED FEB 6 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 18

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 Braggadocio		c. LENGTH OF STAY (in this place) 4 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braggadocio		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			
3. NAME OF DECEASED (Type or Print) a. (First) Nora		b. (Middle) Stevens	
c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) Jan Unknown 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5 Dec 1912
9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Days 1 Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic laborer		10b. KIND OF BUSINESS OR INDUSTRY huse work	
11. BIRTHPLACE (State or foreign country) Legrange, Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Stevens		13b. MOTHER'S MAIDEN NAME Anne Childers	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Goldie Hill		ADDRESS 1094 Park Place Memphis, Tenn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Throat cut with Butcher Knife		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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 E982X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Braggadocio, Pemiscot, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 1-12-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW AND INJURY OCCURRED? Murder			
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 A. Osburn, Coronar		23b. ADDRESS Wardell, Mo.	
23c. DATE SIGNED 1-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 13 Jan 1952	
24c. NAME OF CEMETERY OR CREMATORY Deering Colored Cem		24d. LOCATION (City, town, or county) (State) Deering, Mo	
DATE REC'D BY LOCAL REG. 2-1-52		REGISTRAR'S SIGNATURE John W. Lumb 406-9	
25. FUNERAL DIRECTOR'S SIGNATURE Stacy & Wood		ADDRESS Box 166 Cville, Mo	

2-52-47

Rec.

FEB 5 1952

RECORDED
20010201

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Searlesville, Missouri

REC-102

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 ^{not}.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

July 23, 1952

Licensed Embalmer No. 4833

P. O. Address 766 S. Valle, 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.