

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9327

State File No. ....

FILED APR 7 1952

3910

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. ~~270~~ Registrar's No. 20

0780

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

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Needmor, Pemiscot Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Needmor, Pemiscot Twp</b>	
c. LENGTH OF STAY (In this place) <b>11 MOE</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 1, Box 81 Caruthersville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt 1 Box 81 Caruthersville</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt 1, Box 81 Caruthersville</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Willie</b>	b. (Middle) <b>Rufus</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 21 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>9 April 1951</b>	9. AGE (In years last birthday) <b>11</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Caruthersville, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James O. Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Ruthie Mae Bess</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Delmar Bess</b>	ADDRESS <b>Caruthersville</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Killed in tornado</b>		
	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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm home</b>	21c. CITY, TOWN, OR TOWNSHIP COUNTY STATE <b>Caruthersville, Pemiscot, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-21-52</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tornado</b>
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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 <b>James A. Osburn</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Wardell, Mo</b>	23c. DATE SIGNED <b>3-18-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>26 Mar</b>	24c. NAME OF CEMETERY OR CREMATORY <b>1952 Morgans Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-31-1952</b>	REGISTRAR'S SIGNATURE <b>Fressie B. Wilke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shirley Wood</b> ADDRESS <b>507 Wood Caruthersville Mo.</b>
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4-52-96

Rec. APR 2 1952

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

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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.

Student .....  
Student Embalmer

Signed Shelby R. Wood

Licensed Embalmer No. 4593

P. O. Address 42766  
Caruthersville, 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.