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STANDARD CERTIFICATE OF DEATH

23288

State File No.

189

FILED JUL 5 1952

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No.

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) East Prairie	
c. LENGTH OF STAY (In this place) 5 min.		d. STREET ADDRESS (If rural, give location) P.O. Box 302	
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Mo. Delta Community			

3. NAME OF DECEASED a. (First) Robert		b. (Middle) Earl		c. (Last) High		4. DATE OF DEATH (Month) (Day) (Year) June 13 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH May 31, 1951	
9. AGE (In years last birthday) 1 year		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East Prairie, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Earl High		13b. MOTHER'S MAIDEN NAME Ernestine Batson		14. NAME OF HUSBAND OR WIFE unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Box 902 ADDRESS Ernestine High East Prairie, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary congestion DUE TO (c) Kerosene Ingestion					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8810 14					

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) EAST PRAIRIE MISSISSIPPI MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 13 1952 4P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6:59 PM JUNE 13, 1952**, to **7:00 PM JUNE 13, 1952**, that I last saw the deceased alive on **7:00 PM JUNE 13, 1952**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Audra B. Smith M.D.		(Degree or title)		23b. ADDRESS 801 MOORE SIKESTON MO		23c. DATE SIGNED JUNE 17 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-16-52		24c. NAME OF CEMETERY OR CREMATORY DOGWOOD CEMETARY		24d. LOCATION (City, town, or county) (State) EAST PRAIRIE - MISSISSIPPI MO	
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DATE REC'D BY LOCAL REG. 6-28-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		429		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. M. L. Hunter		ADDRESS Home E. Prairie, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 30 1952
SCOTT COUNTY HEALTH CENTER
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 652-205

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.....
Student Embalmer

Signed Jr. Elgin McMillan
Licensed Embalmer No. 4675

P. O. Address Springfield, 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.