S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1952

State File No. 32440

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti 0780
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): Louelee
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 9-16-52

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-24-1891
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months: 5 Days: 22
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Marion Co Ala
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Marion Louelee
13b. MOTHER'S MAIDEN NAME: Ellen Presley
14. NAME OF HUSBAND OR WIFE: Emily Louelee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Emily Louelee
ADDRESS: Hayti RR1

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Bruises rt. Shoulder 4 Hrs.
DUE TO (c) Fracture Clavicle due to Trauma.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bragg City Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-14-52-3P m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fight with Negro

22. *I hereby certify that I attended the deceased from* 9-15, 1952, *to* 9-16, 1952, *that I last saw the deceased alive on* 9-16, 1952, *and that death occurred at* 5 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Kickerton M.D. (Degree or title)
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-52
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo

DATE REC'D BY LOCAL REG.: 9-23-52
REGISTRAR'S SIGNATURE: John W. Gurman
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25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Gurman Mortuary Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

9-287-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 25 1952

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 German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.