

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32451

State File No.

FILED SEP 27 1952

 BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 130

| | | | |
|--|-------------------------------|--|-----------------------------------|
| 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 Rural Wardell | | c. LENGTH OF STAY (Specify place) 16 Yrs. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rural Route 1 | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wardell | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Moses b. (Middle) _____ c. (Last) Smith | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-22-1897 |
| 9. AGE (In years last birthday) 55 | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10. IF UNDER 14 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) Mississippi | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. CITIZEN OF WHAT COUNTRY? U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Cakavlar Smith | | 13b. MOTHER'S MAIDEN NAME Luberta Barton | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) _____ | |
| 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Earl Smith ADDRESS R. 1 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION Unknown- this man died with out Medical attention. No foul play involved. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFLUENZA HEART FAILURE ASTHMA ... DUE TO (b) ... DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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"/> | | 7955 | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) X | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wardell, Pemiscot, Mo. | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 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 2:45A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE James A. Osburn (Degree or title) Coroner | | 23b. ADDRESS Wardell, Mo. | |
| 23c. DATE SIGNED 9-11-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-14-52 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Paul | | 24d. LOCATION (City, town, or county) (State) Wardell, Mo. | |
| DATE REC'D BY LOCAL REG. 9-23-52 | | REGISTRAR'S SIGNATURE John W. German 406 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Funeral Home | | 25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Wardell, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

780
1

9-281-52

PERMISOT 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.