

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5263**  
Registrar's No. **19**

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5310**

0270  
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1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lamine Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Blackwater</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>RFD #2 Blackwater, Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>LEON</b>	c. (Last) <b>SMALL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8, 1953</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Sept. 18, 1941</b>	9. AGE (In years last birthday) <b>11</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>school</b>	11. BIRTHPLACE (State or foreign country) <b>Jefferson City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James L. Small</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Shull</b>	14. NAME OF HUSBAND OR WIFE
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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>Mrs James Small</b>	ADDRESS <b>RFD Blackwater Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>drowning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 850X 38</b>		

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 (Specify) <b>Accident</b>	21b. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) <b>Lamine Twp</b>	21c. CITY, TOWN, OR TOWNSHIP (Specify) <b>Cooper</b>	21d. COUNTY <b>Cooper</b>	21e. STATE <b>Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 8 1953 11:30 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Boat Capsized</b>
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22. I hereby certify that I attended the deceased from **18** **at** **Blackwater, Mo** and 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 <b>M. L. DeGraeger</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Carrollville Mo</b>	23c. DATE SIGNED <b>2/8/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 11, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concord Church Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Jamestown, Mo</b>
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DATE REC'D BY LOCAL REG. <b>2/10/53</b>	REGISTRAR'S SIGNATURE <b>D. Hooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. D. Shaker</b>	ADDRESS <b>Carrollville Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Berry W. Shaker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.