S. No. 300
Rv. 10.48

FILED JUN 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17284

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 175

3164
0

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

1. PLACE OF DEATH
a. COUNTY: Cape ~~Co~~ Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau, Mo
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.E.M. Hospt Cape Girardeau, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morley, Mo 1000
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Kirby
c. (Last): Emerson

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M /
8. DATE OF BIRTH: 10/28/16
9. AGE (In years last birthday): 36 — If under 1 year: Months 7, Days 1 — 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: Cotton & Corn
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: H.F. Emerson, Sr
13b. MOTHER'S MAIDEN NAME: May Smith
14. NAME OF HUSBAND OR WIFE: Thelma Emerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT'S SIGNATURE OR NAME: H.F. Emerson Sikeston, Mo — ADDRESS

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): Burns 2nd & 3rd° - 75%
INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Explosion - Gas — 3 days
DUE TO (c):

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: 100 E 9160 16
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Morley, Scott, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 25 1953 54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Bottled Gas Heater Explosion

22. *I hereby certify that I attended the deceased from* 5-25, 1953, *to* 5-28, 1953, *that I last saw the deceased alive on* 5-28, 1953, *and that death occurred at* 9. P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Hall MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 6-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/30/53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: 6-10-53
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
28. FUNERAL DIRECTOR'S SIGNATURE: Harry Jones Sikeston Mo — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 John Allitton

Licensed Embalmer No. 2941

P. O. Address Sylvester W

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.