

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18864

State File No.

FILED JUN 3 1953 78069

BIRTH. NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived; if in institution, residence before admission) a. STATE: Missouri b. COUNTY: Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Pascola		c. CITY (If outside corporate limits, write RURAL and give township) Rural Pascola	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			

3. NAME OF DECEASED (Type or Print) a. (First) Otha	b. (Middle)	c. (Last) Peoples	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1953
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Nov. 8, 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 10	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Pascola, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Leb Peoples	13b. MOTHER'S MAIDEN NAME Early Mae Sims	14. NAME OF HUSBAND OR WIFE X
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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) No X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Early Mae Sims Pascola, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parenteral Diarrhea		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 18 May, 1953 to 18 May, 1953, that I last saw the deceased alive on 18 May, 1953, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John W. Osburn</i>	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 17 May 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-21-53	24c. NAME OF CEMETERY OR CREMATORY Saint Paul	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
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DATE REC'D BY LOCAL REG. 5-29-53	REGISTRAR'S SIGNATURE <i>John W. Osburn</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn Funeral Home Wardell, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780

6-174-23

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 1 1953

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

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.