No. 300
10-48

FILED JUN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22360

BIRTH NO. 37807 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 100

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

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): 26 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot 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
d. STREET ADDRESS (If rural, give location): PEM. MEM. HOSPITAL

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): De Wayne
c. (Last): ELKINS

4. DATE OF DEATH (Month) (Day) (Year): June 14 1953

5. SEX: MAL
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 13, 1953
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 26 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CLETUS L. ELKINS
13b. MOTHER'S MAIDEN NAME: EDNA TREECE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Everett Little Jr. ADDRESS: HAYTI 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leaking Amniotic fluid
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7615
20. AUTOPSY? YES ☐ NO ☑

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): Hayti Pemiscott Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 13, 1953, *to* JUNE 14, 1953, *that I last saw the deceased alive on* JUNE 14, 1953, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W McKaskle M.D.
23b. ADDRESS: Caruthersville Mo.
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: MAPLE CEMETERY
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: John W. Garner 406
25. FUNERAL DIRECTOR'S SIGNATURE: H. S. Smith Funeral Home ADDRESS: C'VILLE MO.

(Licensed Embalmer's Statement on Reverse Side)

6-209-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 20 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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. Denver Pike

Licensed Embalmer No. 44 84

P. O. Address Caruthersville, 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.