

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31420

FILED SEP 23 1953

State File No. _____
Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Corno Twp. 0720</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Rural-4 mi S of Catron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carlstrom Clinic</u>			
3. NAME OF DECEASED a. (First) <u>Ernie</u> (Type or Print)		b. (Middle) <u>El</u> c. (Last) <u>Bot</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-8-1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>June 4-1940</u>
9. AGE (In years last birthday) <u>13-3-2</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Leake County Tenn</u>	
13a. FATHER'S NAME <u>Taylor Noble Bot</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Matlock</u>	
14. NAME OF HUSBAND OR WIFE _____		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME _____		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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Common Cold.</u> 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"/>
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) <u>470X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Sept 6, 1953 to Sept 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 11:20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>D. P. Carlstrom D.O.</u>	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>Sept 8-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meady Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Leake County Tenn</u>		
DATE REC'D BY LOCAL REG. <u>9/9/53</u>	REGISTRAR'S SIGNATURE <u>J. Dr. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. Grubbs</u> ADDRESS <u>Malden Mo</u>

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

STANDARD CERTIFICATE OF DEATH

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-21-53

COUNTY FILE NUMBER 953-2

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 *Thomas C. Knight*

Licensed Embalmer No. 2189

P. O. Address *Malden, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.