FILED SEP 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34742

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie 0671
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Edward
c. (Last): ~~Kirby~~ Kearbey

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11, 1917
9. AGE (In years last birthday): 36 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (City and State or Foreign Country): Ripley Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter Kearbey
13b. MOTHER'S MAIDEN NAME: Mattie Walker
14. NAME OF HUSBAND OR WIFE: Jaunita Kearby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Walter Kearbey Poplar Bluff 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) Laceration Lung, L. — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture, ribs, L.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture compound, ankle, R. Fracture, tibia & fibula, L.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
E9101 3
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT X (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Scott 100 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 10 1953 9 15 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Logging operation. Tree fell on him.

22. *I hereby certify that I attended the deceased from* — *, 19*__, *to* Sept 10, 1953, *that I last saw the deceased alive on* —, *19*__, *and that death occurred at* 9 15 a *m., from the causes and on the date stated above.* D.O.A.

23a. SIGNATURE (Degree or title): Wilson J. Ferguson, 0 M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: Sept 10, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-10-53
24c. NAME OF CEMETERY OR CREMATORY: Fairdealing
24d. LOCATION (City, town, or county) (State): Ripley Co., Mo.

DATE REC'D BY LOCAL REG.: 9-14-53
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Greer Croy & Fitch Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 21 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 953-208

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.