THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5642

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Pemiscott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peac Orchard (Rural)
c. LENGTH OF STAY (In this place): 6 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peach Orchard (Rural) 0780 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bobby
b. (Middle): Wayne
c. (Last): Cameron

4. DATE OF DEATH (Month) (Day) (Year): 2 5 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 12-22-1947
9. AGE (In years last birthday): 6
If under 1 year: Months / Days
If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): 0 Presnell Hospital, Kennett, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew Cameron
13b. MOTHER'S MAIDEN NAME: Hildaree Hartwick
14. NAME OF HUSBAND OR WIFE: Unmarried

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Sherman Hartwick
ADDRESS: Peach Orchard, 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) Burned to death — INTERVAL BETWEEN ONSET AND DEATH:

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) Little River Twp (COUNTY) Pemiscott (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-5-54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Home Burned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: John W Herman (Degree or title): Coroner
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: 2-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-1954
24c. NAME OF CEMETERY OR CREMATORY: Stanfield
24d. LOCATION (City, town, or county) (State): Near Clarkton, Missouri

DATE REC'D BY LOCAL REG.: 2-10-54
REGISTRAR'S SIGNATURE: 406- John W Herman
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd Russell
ADDRESS: Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

2-37-54

EMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 19 1954

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~~ Not Embalm

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509 - Ark.

P. O. Address Dyggett, Arkans

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

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