FILED JUL 29 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22595

BIRTH NO. 15D27-54 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 11

**1. PLACE OF DEATH**
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb Twp.
c. LENGTH OF STAY (in this place): 3½ Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home:1 Mi. West of Holcomb

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural:Holcomb Twp. 0350
d. STREET ADDRESS (If rural, give location): Rt.1 Holcomb,Mo.

3. NAME OF DECEASED (Type or Print): a. (First) LARRY b. (Middle) DALE c. (Last) DOUGHTEN
4. DATE OF DEATH (Month) (Day) (Year): 7 - 3 - 1954
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: 3-17-1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 3 Days: 15; IF UNDER 24 HRS. Hours: 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 (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Guy Doughten
13b. MOTHER'S MAIDEN NAME: Rena Patterson
14. NAME OF HUSBAND OR WIFE: Infant
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: Guy Doughten ADDRESS: Holcomb Mo.

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: None

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.* E9240 18

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): Holcomb Twp. (COUNTY) 035 Dunklin (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) July 3,1954 (Hour) 12:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell from bed and got caught in bedclothes

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 12:45 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Quinton Tarver (Degree or title) M.D.
Quinton Tarver,M.D. Coroner,Dunklin County
23b. ADDRESS: Kennett,Mo.
23c. DATE SIGNED: 7/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-54
24c. NAME OF CEMETERY OR CREMATORY: Stanfield Cem.
24d. LOCATION (City, town, or county) (State): Clarkton Mo.

DATE REC'D BY LOCAL REG.: 7-17-54
REGISTRAR'S SIGNATURE: J A Anderson
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

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 7-28-

COUNTY FILE NUMBER 754

## 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 Orlie Ray Cate, Student Embalmer No. 519, working under my personal supervision.

Student Orlie Ray Cate
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Piggott A

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.