

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34805

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural <b>Bragg City</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>Bragg City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 2</b>			e. STREET ADDRESS (If rural, give location) <b>Rural Route 2</b> <span style="float:right">0780</span>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gerald</b> b. (Middle) <b>Lee</b> c. (Last) <b>Jeakins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Sept. 6, 1952</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chatt. Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Aliner Jeakins</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Lamb</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Aliner Jeakins R. 2 Bragg City, Mo.</b>	
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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown-this baby died without medical attention. Probably colitis. No foul play involved.</b> (b) <b>UNKNOWN DUE TO</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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  <span style="float:right">5711</span>			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)	
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 _____, 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 (Degree or title) <b>John W. German Coroner</b>			23b. ADDRESS <b>Hayti, Mo.</b>		23c. DATE SIGNED <b>9-23-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>
DATE REC'D BY LOCAL REG. <b>9-24-54</b>		REGISTRAR'S SIGNATURE <b>John W. German</b> <span style="float:right">406-1</span>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Osburn Funeral Home, Wardell, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

10-244-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

10-26-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed

by me, PROX .....

~~THIS SPACE IS TO BE USED FOR THE NAME OF THE EMBALMER~~

Student .....  
Signature of Student Embalmer

Signed James A. Johnson  
Licensed Embalmer No. .... 418  
P. O. Address Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.