

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Tenn.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2</u> hours		d. STREET ADDRESS (If rural, give location) <u>2334 Crosley Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>BRUCE</u>	c. (Last) <u>MARKILLIE Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug. 6 1946</u>	9. AGE (In years last birthday) <u>8</u>	# UNDER 1 YEAR <u>4</u> Months	# UNDER 1 YEAR <u>21</u> Days	# UNDER 1 Hrs. <u>8</u> Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school boy</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>public school</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Memphis Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Bruce Markillie</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Miller</u>	14. NAME OF HUSBAND OR WIFE <u>##</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cicero Miller, DesArc Missouri.</u>	ADDRESS
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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>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal fracture of skull.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto-train collision</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E8104</u> <u>27</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 55</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gibson Dunklin 23 Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 27 54 2:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto-train collision.</u>
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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 6:30 P., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver</u> (Degree or title) <u>Coroner Dunklin County</u>	23b. ADDRESS <u>Kennett, Missouri</u>	23c. DATE SIGNED <u>1-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-1955</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight - Malden, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKIN COUNTY HEALTH

RECEIVED 1-11-55

COUNTY FILE NUMBER 185-32

MAN 18 1955

JAN 20 1955

FEB 7 1955

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 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.