No. 300
10-48

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

Chapman
FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5732

BIRTH NO. _____ REG. DIST. NO. 972 PRIMARY REG. DIST. NO. 6912 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Pemiscott /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele (RURAL)
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pemiscott
c. CITY OR TOWN: Steele (RURAL)
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Near Cooter 07800

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Elvis c. (Last) Scott

4. DATE OF DEATH (Month) (Day) (Year): 2-18-1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: 11-15-1954
9. AGE (In years last birthday): If under 1 year: Months 4, Days 3, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cooter Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Billy Scott
13b. MOTHER'S MAIDEN NAME: Ada Smith
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Billy Smith ADDRESS

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) Pneumonia (Streptococcal) — 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18, 1955, *to* 2-18, 1955, *that I last saw the deceased alive on* 2-18, 1955, *and that death occurred at* 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Chapman (Degree or title) C. M. D.
23b. ADDRESS: Steele - Mo.
23c. DATE SIGNED: 2/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24d. LOCATION (City, town, or county) (State): Steele Mo.

DATE REC'D BY LOCAL REG.: 3-1-55
REGISTRAR'S SIGNATURE: 249 [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Bobb-Funeral Home
ADDRESS: Blytheville Ark.

(Licensed Embalmer's Statement on Reverse Side)

3-47-55

MAR 5 - 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. Donald

Licensed Embalmer No. 310

P. O. Address Blytheville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.