

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9014**

BIRTH NO. **89604-54** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **65**

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 0181</b>	
b. CITY OR TOWN <b>Hayti</b>	c. LENGTH OF STAY (If this place) <b>1</b>	-c. CITY OR TOWN <b>Hayti</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>N.E. corner of Hayti</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DANNY</b>	b. (Middle) <b>LEWIS</b>	c. (Last) <b>JONES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 2 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>2. Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child (1)</b>	8. DATE OF BIRTH <b>Dec. 4-1954</b>	9. AGE (In years last birthday) <b>3</b> Months <b>28</b> Days <b>0</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <b>Caruthersville MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. Ad</b>
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13a. FATHER'S NAME <b>Lewis Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Scopia Mae Jones Bell</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eric Bell</b>	ADDRESS <b>Hayti MO</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b>		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) <b>found dead in bed</b>		
	DUE TO (c) <b>no doctor - no evidence</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>of foul play</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7953</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. B. Becher M.D.</b>	23b. ADDRESS <b>Pemiscot Co. H. Dept. Caruthersville MO</b>	23c. DATE SIGNED <b>4-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-2-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Country Farm Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hayti MO</b>
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DATE REC'D BY LOCAL REG. <b>4-3-55</b>	REGISTRAR'S SIGNATURE <b>John W. Gorman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Friends</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-112-55

APR 11 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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.