

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23082**

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 132	
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Havti		c. LENGTH OF STAY (In this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Havti		d. STREET ADDRESS (If rural, give location) Route one	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot Memorial Hsp.				d. STREET ADDRESS (If rural, give location) Route one			
3. NAME OF DECEASED (Type or Print) a. (First) Harvey b. (Middle) Franklin c. (Last) McLemore			4. DATE OF DEATH (Month) (Day) (Year) May 12 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 28 1908		9. AGE (76 years if under 1 year last birthday) 57	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming-Renter		11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George McLemore		13b. MOTHER'S MAIDEN NAME Myra Osborn		14. NAME OF HUSBAND OR WIFE Addie Dees			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Addie McLemore Hayti, Mo. Rt. 1			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car Accident crushed chest & ribs.					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) Injury - Broken ribs + Lung injury					
		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					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 May 11, 1955 , to May 12, 1955 , that I last saw the deceased alive on May 12, 1955 , and that death occurred at 10:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.D. Shively				23b. ADDRESS Shively Clinic Wb.		23c. DATE SIGNED 7-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1955	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.		
DATE REC'D BY LOCAL REG. 7-21-55		REGISTRAR'S SIGNATURE John W. German		25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith		ADDRESS Funeral Home C'ville. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

- 8-233-55

AUG 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

Student Embalmer

Signed

W. Denver Fike

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.