

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30322

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906		Registrar's No. 141	
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 OR TOWN Rural Wardell		c. LENGTH OF STAY (In this place) 3 Yrs.		c. CITY OR TOWN Wardell		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 Rural Route 2				e. STREET ADDRESS (If rural, give location) Rural Route 2 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Tim			b. (Middle)		c. (Last) Ivory		4. DATE OF DEATH (Month) (Day) (Year) 9-10-55
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) about 55	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Lagrange, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Catherine Ivory			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Ivory R.2 Wardell, Mo.			
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) Probably Coronary Occlusion - This man fell dead, without medical attention. No foul play involved.			MEDICAL CERTIFICATION 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) 4201			
	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at I. A. _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John H. German Coroner				23b. ADDRESS H ayti, Mo.		23c. DATE SIGNED 9-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-55		24c. NAME OF CEMETERY OR CREMATORY Homestown		24d. LOCATION (City, town, or county) (State) Wardell, Mo.	
DATE REC'D BY LOCAL REG. 9-14-55		REGISTRAR'S SIGNATURE John H. German 4090		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

9-260-55

SEP 22 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

NOV 1 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.....  
Signature of Student Embalmer

Signed *James G. DeBum*.....  
Licensed Embalmer No..... 418

P. O. Address..... Wardell, M

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.