

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10622**

|                                                                                                                                                                                                                                                                                    |                                 |                                                                                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                                                                   |                                                         |                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                    |                                 | REG. DIST. NO. <u>267</u>                                                                              |                                                        | PRIMARY REG. DIST. NO. <u>5905</u>                                                                                                                                                                                                                                                                                                                      |                                                                      | Registrar's No. <u>71</u>                                                                                                         |                                                         |                                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>                                                                                                                                                                                                                                     |                                 |                                                                                                        |                                                        | 2. USUAL RESIDENCE (Where deceased lived, or institution: residence before death)<br>a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>                                                                                                                                                                                                                       |                                                                      |                                                                                                                                   |                                                         |                                                    |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Godair</u>                                                                                                                                                                                 |                                 | c. LENGTH OF STAY (in this place) _____                                                                |                                                        | c. CITY OR TOWN <u>Portageville</u>                                                                                                                                                                                                                                                                                                                     |                                                                      | 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 _____                                                                                                                                                                                                                                      |                                 |                                                                                                        |                                                        | e. STREET ADDRESS (If rural, give location) <u>Godair Trwp 1700</u>                                                                                                                                                                                                                                                                                     |                                                                      |                                                                                                                                   |                                                         |                                                    |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Jimmy Lee</u>                                                                                                                                                                                                                 |                                 |                                                                                                        | b. (Middle) <u>Lee</u>                                 |                                                                                                                                                                                                                                                                                                                                                         | c. (Last) <u>Clark Jr.</u>                                           |                                                                                                                                   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 1956</u> |                                                    |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                 | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>                                   | 8. DATE OF BIRTH <u>2-8-56</u>                         |                                                                                                                                                                                                                                                                                                                                                         | 9. AGE (In years last birthday) <u>28</u>                            | if UNDER 1 YEAR Months _____                                                                                                      | if UNDER 24 HRS. Days _____ Hours _____ Min. _____      |                                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____                                                                                                                                                                                  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY _____                                                                |                                                        | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pemiscot Co. Mo</u>                                                                                                                                                                                                                                                                               |                                                                      | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                                                                                         |                                                         |                                                    |  |
| 13a. FATHER'S NAME <u>Tommy Lee Clark</u>                                                                                                                                                                                                                                          |                                 |                                                                                                        | 13b. MOTHER'S MAIDEN NAME <u>Almeda Davis</u>          |                                                                                                                                                                                                                                                                                                                                                         | 14. NAME OF HUSBAND OR WIFE _____                                    |                                                                                                                                   |                                                         |                                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>                                                                                                                                                                              |                                 | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>                                            |                                                        | 17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Williams - Portageville</u>                                                                                                                                                                                                                                                                                  |                                                                      | ADDRESS <u>Mo</u>                                                                                                                 |                                                         |                                                    |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                    |                                 |                                                                                                        |                                                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Marasmus</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Faulty Food Assimilation</u><br>DUE TO (c) <u>Pre-mature birth</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                      |                                                                                                                                   |                                                         | INTERVAL BETWEEN ONSET AND DEATH<br><u>28 days</u> |  |
| 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) <u>7725</u>                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                                   |                                                         |                                                    |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____                                                                                                                                                                                                                       |                                 | 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 <u>2-8-</u> , 19 <u>56</u> , to <u>3-6-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-4-</u> , 19 <u>56</u> , and that death occurred at <u>5:20 P.M.</u> , from the causes and on the date stated above. |                                 |                                                                                                        |                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                                                                   |                                                         |                                                    |  |
| 23a. SIGNATURE (Degree or title) <u>James O. Cameron D.O.</u>                                                                                                                                                                                                                      |                                 |                                                                                                        |                                                        | 23b. ADDRESS <u>Portageville - Mo.</u>                                                                                                                                                                                                                                                                                                                  |                                                                      | 23c. DATE SIGNED <u>3-7-56</u>                                                                                                    |                                                         |                                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                            |                                 | 24b. DATE <u>Mar. 6, 1956</u>                                                                          | 24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cem.</u> |                                                                                                                                                                                                                                                                                                                                                         | 24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u> |                                                                                                                                   |                                                         |                                                    |  |
| DATE REC'D BY LOCAL REG. <u>3-12-56</u>                                                                                                                                                                                                                                            |                                 | REGISTRAR'S SIGNATURE <u>John St. German</u>                                                           |                                                        | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>                                                                                                                                                                                                                                                                                                         |                                                                      | ADDRESS _____                                                                                                                     |                                                         |                                                    |  |

(Licensed Embalmer's Statement on Reverse Side)

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

3-79-56

MAR 26 1956

PERMISCO 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..

*Not Embalmed*

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.