Health, Welfare Public Service

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1-56

FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40297
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 4492 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Scott	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sylviana Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 0 0 10 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 miles west Oran — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 17 miles N.E. East Prairie — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First ALVIN	Middle DWIGHT	Last CARRINGTON	4. DATE OF DEATH Month Nov. Day 21, Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-25-1932	9. AGE (In years last birthday) 23 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Mississippi County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Homer Carrington		14. MOTHER'S MAIDEN NAME Pearl Easter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korea	16. SOCIAL SECURITY NO.	17. INFORMANT Homer Carrington	Address Deventer Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned to death when house destroyed by fire

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E.916.0 16

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Burned to death when house destroyed by fire -

20c. TIME OF INJURY Hour a. m. 1:15 Month, Day, Year 11 - 21 - 56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) House - RFD #1 Oran

20f. CITY, TOWN, OR LOCATION RFD #1 Oran — COUNTY 100 Scott — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 1:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thelma C. Buckthorpe M.D. Health Officer	22b. ADDRESS Benton Mo	22c. DATE SIGNED 11-27-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/23/1956	23c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery
23d. LOCATION (City, town, or county) (State) East Prairie, Missouri		
24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.	25. DATE RECD. BY LOCAL REG. 12-2-1956	26. REGISTRAR'S SIGNATURE Mrs Fred Brophy [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-0

DATE RECEIVED DEC 3 1956
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1256-254

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.. Not Embalmed

Student..... Signed Travis Shelby Jr.....
Signature of Student Embalmer

Licensed Embalmer No. 4.9.4

P. O. Address East Pla

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