

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUL 26 1957

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 66

Health, Welfare, Public Service  
0782  
33  
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-56  
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All  
247

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>            |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Cautheville</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN<br><u>Cautheville, Mo</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  |   |  | Length of stay in 1b   |  | d. STREET ADDRESS (If outside, give location)<br><u>1001st st.</u>                   |  |
| 3. NAME OF DECEASED (Type or print)<br><u>JAMES WESLEY BROADNAX</u>   |  |   |  | 4. DATE OF DEATH<br><u>July-6-1957</u>   |  | Month Day Year   |  |
| 5. SEX<br><u>M</u>  |  | 6. COLOR OR RACE<br><u>negro</u>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>June-21-1945</u>  |  |
| 9. AGE (If years last birthday)<br><u>12</u>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | 9. AGE (If years last birthday)<br><u>12</u>   |  | IF UNDER 1 YEAR<br>Months 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 country)<br><u>Clarksville</u>                     |  |
| 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13. FATHER'S NAME<br><u>John Broadnax</u>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Alberta West</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give branch or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br><u>John Broadnax</u>  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Drowned</u>   |  |   |  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Drowned</u>          |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b)  |  | DUE TO (c)   |  | 9298   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |  |   |  | 42   |  |  |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Drowned while swimming</u> |  |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br><u>7-6-57</u>  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>             |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Miss. River</u>  |  | 20f. CITY, TOWN, OR LOCATION<br><u>Cautheville, Pemiscot, Mo.</u>                    |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Miss. River</u>               |  | 20f. CITY, TOWN, OR LOCATION<br><u>Cautheville, Pemiscot, Mo.</u>  |  | 20g. COUNTY STATE  |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>James G. Rubin Coroner</u>   |  |   |  | 22b. ADDRESS<br><u>Wardell, Mo</u>   |  | 22c. DATE SIGNED<br><u>7-8-57</u>  |  |
| 23a. BURIAL, CREMATION, or other disposal (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>July-8-1957</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Morgan Ridge</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Cautheville, Mo.</u>             |  |
| 24. FUNERAL DIRECTOR<br><u>Noel C. Deane Cautheville</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>7-20-1957</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Frederic B. Welke</u>                                |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

only from gung

7-212-57

JUL 25 1957

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Noel C Dean*.....

Licensed Embalmer No. *39*.....

P. O. Address *Caruthersville*.....

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.