

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36826

FILED OCT 23 1957

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5901 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Concord</u>		c. CITY OR TOWN <u>Concord</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HIWAY OR INSTITUTION <u>2 Mi. No. Hayti, Mo. Transit</u>		d. STREET ADDRESS (If outside, give location) <u>Hayti Star Route</u>	
3. NAME OF DECEASED (Type or print) First <u>Dosey</u> Middle <u>"Rock"</u> Last <u>Bemon</u>		4. DATE OF DEATH Month <u>October</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 28, 1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9c. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	10c. BIRTHPLACE (City and state or country) <u>Sharkey County, Miss</u>
11. BIRTHPLACE (City and state or country) <u>Sharkey County, Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jeff Bemon</u>		14. MOTHER'S MAIDEN NAME <u>Emma Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>188 12 8778</u>	
17. INFORMANT <u>Alvin McCulloch</u>		Address <u>Hayti, Mo. Star Rt.</u>	
18. CAUSE OF DEATH [Enter only one cause for line (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull + Crushed Mandible</u> DUE TO (b) <u>Automobile Accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Compound fracture both legs - Tibial + Fibular</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>Ran Over by Automobile</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ Month <u>10</u> Day <u>6</u> Year <u>57</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Public highway</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>R. 1 Hayti, Pemiscot, Mo</u>		
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred about <u>1:30</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James A. Johnson, Coroner</u>		22b. ADDRESS <u>Wardell, Mo.</u>	
22c. DATE SIGNED <u>10-7-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Carmel Concord</u>	23d. LOCATION (City, town, or county) (State) <u>Concord - Pemiscot County Missouri</u>
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-57</u>	26. REGISTRAR'S SIGNATURE <u>John W. German</u>

10-290-57

OCT 21 1957

PERMISSEOT 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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Dewey Jike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*

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