

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002437

FILED VS FEB 1 0 1961 267

5906

15

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. Registrar's No. 15

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. COUNTY		Pemiscot		a. STATE		Missouri b. COUNTY Pemiscot				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Little River		c. CITY OR TOWN		Wardell				
Length of stay in 1b		Life		Inside Limits		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			R. 1 Wardell	d. STREET ADDRESS (If outside, give location)		R. R. 1				
Inside Limits			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year				
First		Middle		Last						
Milton		James		King		Feb. 5, 1961				
5. SEX		6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH				
Male		Negro				April 60				
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR						
0		Months Days		Hours Min.		10				
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)		12. CITIZEN OF WHAT COUNTRY			
Infant			x		Hayti, Mo.		U.S.A.			
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Junior King			Margaret Hall			x				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address					
No x			x		Ronie Hall Wardell, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Burned up in house fire										
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)										
DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days.				
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
				Burned up in house fire						
20c. TIME OF INJURY		Hour Month, Day, Year								
12:30		XXXX 2-5-61								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
			Home		Wardell		Pemiscot		Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.										
Death occurred at 12:30 A.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title)						22b. ADDRESS			22c. DATE SIGNED	
Jimmy Osburn Coroner						Wardell, Mo.			2-5-61	
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Burial			2-7-61		Homestown Cemetery			Wardell, Mo.		
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
Osburn Funeral Home, Wardell, Mo.				2-7-61		Charlotte E. Sloan				

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**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 Body was not embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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.