

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045758

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 194

FILED JAN 2 1967

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Braggadocio</u>   |  | Length of stay in lb <u>17Yr.</u>   | c. CITY OR TOWN <u>Braggadocio</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt.</u> |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                               |  |   |   |  |
|--|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Robert</u> Middle <u>Lee</u> Last <u>Scarborough</u>               |                               |  | 4. DATE OF DEATH<br>Month <u>12-</u> Day <u>23-</u> Year <u>1961</u>  |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-30-1902</u>                                     | 9. AGE (last birthday) <u>58</u>            | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Labor)</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>  | 11. BIRTHPLACE (City and state or country) <u>Calhoun, Co., Miss.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |  |
| 13a. FATHER'S NAME <u>Unknown</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>5</u>   | 17. INFORMANT Address <u>Billy Scarborough, Braggadocio, Mo.</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>Burned up in house fire</u> |            | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                              |            | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 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.) |  |
| 20c. TIME OF INJURY<br>Hour <u>8:30</u> Month, Day, Year <u>12-23-61</u><br>p.m.  | 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.) <u>Farm Home</u> |  |  |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><u>Braggadocio, Pemiscot, Mo.</u>               |  |
| 21. Death occurred at <u>8:30 P.M.</u> 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 Osburn, Coroner</u>       |                              | 22b. ADDRESS<br><u>Wardell, Mo.</u>                        |   | 22c. DATE SIGNED<br><u>12-23-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>             | 23b. DATE<br><u>12-26-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>East Woodlawn</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Hayti, Missouri</u> |                                     |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Osburn Funeral Home, Hayti, Mo.</u> |                              | 25. DATE RECD. BY LOCAL REG.<br><u>12-27-61</u>            | 26. REGISTRAR'S SIGNATURE<br><u>Charlotte E. Sloan</u>                  |                                     |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

**BODY WAS NOT EMBALMED**

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.

**BODY WAS 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.