

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020939

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 102

FILED JUN 3 1963

VS 300
Rev. 4/59

1 0780
2 0350

DATE AMENDED

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4 1
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11 078
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 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>Dunklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little River Township</u> | | Length of stay in 1b <u>In Transit</u> | c. CITY OR TOWN <u>Campbell</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. 2 Bragg City</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>R. R. 1</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Margaret</u> Last <u>Faircloth</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>18</u> , Year <u>1963</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>6-18-1924</u> |
| 9. AGE (last birthday) <u>38</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (City and state or country) <u>Gattmen, Miss.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Dewey Downey</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Minnie Lee Tucker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Teddy Faircloth</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>126</u> | 17. INFORMANT Address <u>Bulon Faircloth R. 1 Campbell, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Burned up in burning automobile</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| 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 (a) | | | 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 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>Trapped in burning automobile after accident</u> | |
| 20c. TIME OF INJURY Hour <u>11:15</u> P.M. Month, Day, Year <u>5-18-63</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.) <u>State Highway</u> | | 20f. CITY, TOWN, OR LOCATION <u>4 miles West of Wardell, Pemiscot, Mo.</u> | COUNTY _____ STATE _____ |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James J. Osburn, Coroner</u> | | 22b. ADDRESS <u>Wardell, Mo.</u> | 22c. DATE SIGNED <u>5-19-63</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5-22-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Wardell, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Osburn Funeral Home, Wardell, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> |

JUN 5 1963

JUN 25 1963

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 James A. DeBun

Licensed Embalmer No. 4185

P.O. Address Wardell, Mo.

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.