

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7066

State File No. _____

Registrar's No. 14

D MAR 11 1943
Registration District No. 32

Primary Registration District No. 4347

1. PLACE OF DEATH:

(a) County Mont

(b) City or town Middletown Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether)

In this community 1 1/2 da
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIRE 82
0
0

(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")

(d) Street No. HART FORD TOWNSHIP
(If rural, give location)

(e) If foreign born, how long in U. S. A.? (1 1/2 days) years.

3. (a) PRINT FULL NAME PAULINE NYE

3. (b) If veteran, name war —

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5, year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1943 to Feb 5, 1943; that I last saw him alive on Feb 5, 1943; and that death occurred on the date and hour stated above.

4. Sex FE 5. Color or race W.

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb 5 1913
(Month) (Day) (Year)

Immediate cause of death CONGENITAL CYANOSIS Duration

Due to CONGENITAL HEART CONDITION

Due to PREMATURE BIRTH

8. AGE: Years 0 Months 0 Days 1 1/2 If less than one day hr. min.

9. Birthplace Middletown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

12. Name FRED NYE

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name LELIE SPELLMAN

15. Birthplace Middletown Mo
(City, town, or county) (State or foreign country)

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 15A

Of operations —

Of autopsy —

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Spellman

(b) Address Middletown Mo

17. (a) Burial (b) Date thereof Feb 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Prairie

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Fitchey of Culme

(b) Address Middletown Mo

19. (a) Feb 6, 1943 (b) Mrs. Durella Holt
(Date received local registrar) (Registrar's signature)

While at work? —
(Specify type of place) (e) Means of injury

23. Signature H. P. Fitchey (M. D. or other) D. O.

Address Middletown Mo. Date signed Feb 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

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 this body is not embalmed, fact should be so stated above.