

31051

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 16 1949

 BIRTH NO. 35934-49 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 290

No. 300

10. 4a

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal, Missouri</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>R F D, Perry, Missouri</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> | | b. (Middle) <u>Jolene</u> | |
| c. (Last) <u>English</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 24-1949</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>June 30, 1949</u> |
| 9. AGE (In years last birthday) <u>1</u> | | IF UNDER 1 YEAR <u>25</u> Months | IF UNDER 4 HRS. <u>25</u> Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Lloyd English</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Laura Mae Caldwell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Infant</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Loyd English, Perry, Missouri</u> | | ADDRESS <u>Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | <u>493X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>24 August, 1949</u> , to <u>24 August, 1949</u> , that I last saw the deceased alive on <u>24 August, 1949</u> , and that death occurred at <u>3:58 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Carroll B. Sanderson</u> | | (Degree or title) <u>M.D.</u> | |
| 23b. ADDRESS <u>Hannibal, Missouri</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>August 27, 49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Lick Creek Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>9-1-49</u> | | REGISTRAR'S SIGNATURE <u>Dr. M. Luke</u> | |
| FURNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u> | | ADDRESS <u>Perry, Missouri</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clyde Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Perry, 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 this body is not embalmed, fact should be so stated above.