

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27733
 BIRTH NO. 74322-49 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 73

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>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Missouri</u> <u>0782</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>211 E. 12th Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARLIE MAE</u> b. (Middle) <u>MAE</u> c. (Last) <u>McKELLAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 2 - 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>CNegrod</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 21-49</u>
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13. FATHER'S NAME <u>Romier McKellar</u>	
13b. MOTHER'S MAIDEN NAME <u>Stella Marie Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Robinson</u>		ADDRESS <u>-301 E. 15th St - City</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>Severe mucous Colitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</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			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Ford dyscrasia</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>5710</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>Aug 1</u> , 19 <u>50</u> , to <u>Aug 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>50</u> , and that death occurred at <u>10 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Linker M.D.</u> (Degree or title)		23b. ADDRESS <u>Caruthersville, Mo</u>	
23c. DATE SIGNED <u>Aug 2, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 3, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-28-1950</u>		REGISTRAR'S SIGNATURE <u>Frederic B. Nickel</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Smith</u>		ADDRESS <u>General Home - 808 Ward</u>	

(Licensed Embalmer's Statement on Reverse Side)

Caruthersville, Mo

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

9-50-233

SEP 1 RECD

S. B. Beecher, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

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 _____

working under my personal supervision.

Student Embalmer No. _____

This body was not embalmed.

Student
Student Embalmer

Signed: *W. Dewey Dike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.