

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41696**

FILED JAN 10 1951

BIRTH NO. **82239-50** REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **8907** Registrar's No. **35**

0780

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

1. PLACE OF DEATH a. COUNTY Wernicat		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wernicat	
b. CITY OR TOWN Steel c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steel 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cooter Hosp		d. STREET ADDRESS (If rural, give location) Cooter Hosp!	
3. NAME OF DECEASED (Type or Print) a. (First) unnamed b. (Middle) Baby c. (Last) Via			4. DATE OF DEATH (Month) (Day) (Year) 10-16-50
5. SEX M	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-16-50
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 6 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Steel Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harold Via	
13b. MOTHER'S MAIDEN NAME Rose Etta Shubert		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harold Via ADDRESS Steel Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr. ANTECEDENT CAUSES Prematurity Morbidity 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. 7625	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 10/16/50 19 50 , to 10/16 , 19 50 , that I last saw the deceased alive on 10/16 , 19 50 , and that death occurred at 3 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE Robert Barthel (Degree or title)		23b. ADDRESS Steel Mo.	23c. DATE SIGNED 10/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-16-50	24c. NAME OF CEMETERY OR CREMATORY Family Cem	24d. LOCATION (City, town, or county) (State) near steel Mo
DATE REC'D BY LOCAL REG. 12-31-50	REGISTRAR'S SIGNATURE R. O. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE None	ADDRESS

1-51-10

S. B. Beecher, M. D.,
Peniscot County Health Depart
Caruthersville, Missouri
REC'D

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 Not Embalmed Student Embalmer No. _____
working under my personal supervision.

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