

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

713

State File No.

BIRTH NO. 72797-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gobler</u>	
		d. STREET ADDRESS (If rural, give location) <u>South West Gobler</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Brenda</u> b. (Middle) <u>Sue</u> c. (Last) <u>Hagwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1951</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>Nov. 3, 1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Gobler</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Leland Hagwood</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Hagwood</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mattie Oliver Gobler, Mo.</u>	

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) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyletic stenosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>7560</u>
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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)		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 1-6, 1951, to 1-9, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 5:35 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Wilson M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>1-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville</u>	
		24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>1-12-51</u>		REGISTRAR'S SIGNATURE <u>Paul H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lenta Deemer Kennett Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

352
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT1-15-51.....

COUNTY FILE NUMBER 151-15.....

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

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.