

No. 300
10.48

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17512

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural Route 1 0780 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1			

3. NAME OF DECEASED a. (First) JANIE b. (Middle) _____ c. (Last) NIETO			4. DATE OF DEATH June 1, 1951		
5. SEX Female		6. COLOR OR RACE Mexican		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) enfant	
8. DATE OF BIRTH May 23, 1951		9. AGE (In years last birthday) 9		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	
11. BIRTHPLACE (State or foreign country) Wardell, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Mohunny Nieto		13b. MOTHER'S MAIDEN NAME Eliessa Nieto		14. NAME OF HUSBAND OR WIFE X	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Johnny Nieto ADDRESS R.1 Wardell, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7630	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **5-23, 1951**, to **6-1-**, 19**51**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. Blain H. Kustain (Registrar's title)		23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 6-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-51		24c. NAME OF CEMETERY OR CREMATORY Wardell		24d. LOCATION (City, town, or county) (State) Wardell, Mo.	
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DATE REC'D BY LOCAL REG. 6-6-51		REGISTRAR'S SIGNATURE John W. German 406		25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn ADDRESS Funeral Home Wardell, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2780
1

6-51-447

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

EXPIRES: 7 1951

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 _____

Body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *James A. Osburn*

Signed _____
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.