

No. 300
10.48

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23946

State File No. _____

BIRTH NO. 38476-51 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 7775

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). 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 1780	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R. R. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 2 Bragg City			

3. NAME OF DECEASED (Type or Print) a. (First) Shirley b. (Middle) Ann c. (Last) Petty			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 7, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 19	IF UNDER 24 HRS. Hours Min.
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) Pemiscot County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Petty	13b. MOTHER'S MAIDEN NAME Katherine Rudd	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME William Petty	ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Permeation 7 or 8 mos.		
	DUE TO (c) Autoimmunity + pos. R# factor 3 or 4 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7705	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 <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 6-7, 1951, to 6-25, 1951, that I last saw the deceased alive on 6-24, 1951, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE A. Y. Shroy	(Degree or title) med.	23b. ADDRESS Wayle, Mo.	23c. DATE SIGNED 6-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-51	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
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DATE REC'D BY LOCAL REG. 7-20-51	REGISTRAR'S SIGNATURE John H. 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

7-51-179

Rec. JUL 21 1951

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 _____

Body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

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.