

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34529**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **108**

1. PLACE OF DEATH  
a. COUNTY **Pemiscot**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hayti**  
c. LENGTH OF STAY (in this place) (township) **24 hrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Pemiscot County Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)  
a. STATE **Missouri** b. COUNTY **Pemiscot**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **WARDELL**  
d. STREET ADDRESS (If rural, give location) **Box 214**

3. NAME OF DECEASED (Type or Print)  
a. (First) **MOSE** b. (Middle) \_\_\_\_\_ c. (Last) **Mitchell**  
4. DATE OF DEATH (Month) (Day) (Year) **10-4-51**

5. SEX **MALE** 6. COLOR OR RACE **Colored** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **INFANT**  
8. DATE OF BIRTH **Sept. 28, 1951** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months **5** IF UNDER 12 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) **WARDell, Mo** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **MOSE BALLARD** 13b. MOTHER'S MAIDEN NAME **Ethel COOPER** 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) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **MOSE BALLARD** ADDRESS **WARDell, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Tetanus Neonatorum**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS (c) \_\_\_\_\_  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **061x** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **10-4-51**, to **10-4**, 1951, that I last saw the deceased alive on **10-4**, 1951, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **M. Ricketson** (Degree or title) **M. D.** 23b. ADDRESS **Hayti, Missouri** 23c. DATE SIGNED **10-6-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-5-51** 24c. NAME OF CEMETERY OR CREMATORY **Clover Hill Cem.** 24d. LOCATION (City, town, or county) (State) **WARDell, Mo. Route**

DATE REC'D BY LOCAL REG. **10-19-51** REGISTRAR'S SIGNATURE **John W. German** 406 25. FUNERAL DIRECTOR'S SIGNATURE **Valhalla Funeral Home** ADDRESS **Hayti, Mo.**

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

10-51-259

Rec. OCT 18 1951

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

Was not Embalmed

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. ....

Signed.....  
Student Embalmer

Signed Raymond L. Ruffie  
Licensed Embalmer No. 4798

P. O. Address Hayti, 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.