

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38298

State File No.

BIRTH NO. <u>78362-51</u>		REG. DIST. NO. <u>270</u>	PRIMARY REG. DIST. NO. <u>5910</u>	Registrar's No. <u>103</u>
1. PLACE OF DEATH a. COUNTY <u>Boonville</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lyle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lyle</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Chapman St.</u>		d. STREET ADDRESS (If rural, give location) <u>Boonville, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blenda</u> b. (Middle) <u>May</u> c. (Last) <u>Anderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-11-51</u>	9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>6</u> Min. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>I</u>		11. BIRTHPLACE (State or foreign country) <u>Lyle Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Brodie Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Verge Moody</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brodie Anderson Lyle, Mo.</u> ADDRESS <u>—</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Miscarriage</u> 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		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 <u>Oct 11</u> , 19 <u>51</u> , to <u>Oct 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 11</u> , 19 <u>51</u> , and that death occurred at <u>—</u> m., from the causes and on the date stated above.				
23. SIGNATURE <u>Robert Barlett</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>11 Oct. 51</u>
24a. DATE REC'D BY LOCAL REG. <u>12-5-51</u>		24b. REGISTRAR'S SIGNATURE <u>Fessie B. Wicks</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>NONE</u> ADDRESS <u>—</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

12-51-315

Rec. DEC 13 1951

S. W. 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John W. German

Signed
Student Embalmer

Licensed Embalmer No. 4355

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.