

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38306

State File No.

Dr. Bailliet
91048-51
REC'D DEC 7 1951 F52

REG. DIST. NO. *272* PRIMARY REG. DIST. NO. *5907* Registrar's No. *59*

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

1. PLACE OF DEATH a. COUNTY <i>Deming</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Deming</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Coster rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Coster 1-780</i>	
c. LENGTH OF STAY (In this place) <i>1 day</i>		d. STREET ADDRESS (If rural, give location) <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Coster Hosp.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Roger</i>		b. (Middle) <i>Dale</i>	
c. (Last) <i>Hunter</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11-12-51</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-12-51</i>
9. AGE (In years last birthday) <i>0 1 0</i>		10. KIND OF BUSINESS OR INDUSTRY <i>child</i>	
11. BIRTHPLACE (State or foreign country) <i>Coster MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Nolan Hunter</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth Flanagan</i>	
14. NAME OF HUSBAND OR WIFE <i>—</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Nolan Hunter Coster Mo</i>	
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) <i>Lobar Pneumonia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Dehydration</i> DUE TO (c) <i>Marasmus</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <i>2 days.</i> <i>2 weeks</i> <i>3 weeks</i>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <i>490X</i>		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) (m.)	
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 <i>10/12</i> , 19 <i>51</i> , to <i>11/12</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/12</i> , 19 <i>51</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Robert Bailliet D.O.</i>		23b. ADDRESS <i>Stule Mo</i>	
23c. DATE SIGNED <i>11/14/51</i>		24a. SERIAL CREMATION REMOVAL (Specify) <i>Deming</i>	
24b. DATE <i>11-14-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Sun</i>	
24d. LOCATION (City, town, or county) (State) <i>Stule Mo</i>		24e. DATE REC'D BY LOCAL REG. <i>12-2-51</i>	
24f. REGISTRAR'S SIGNATURE <i>S. J. O'Rourke</i>		24g. GENERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berman Ind Co Stule Mo</i>	

12-51-304

Rec. DEC 5 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.....

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.