

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17327

State File No.

FILED MAY 22 1953

BIRTH NO. 13006 REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville,</u> <u>1070</u>	
c. LENGTH OF STAY (in this place) <u>Transit</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u> <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rucinski Maternity Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Louise</u> c. (Last) <u>Day</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1953</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Feb. 25, 1953</u>	9. AGE (In years last birthday) <u>2</u> MONTHS <u>24</u> DAYS <u>19</u> HOURS <u>1</u> MIN.
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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>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Raymondville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew C. Day</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andrew C. Day, Raymondville, Mo.</u>	ADDRESS <u>Raymondville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>491 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Dead on Arrival at the hospital, 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 <u>Coleman M. Shelton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Van Buren, Mo</u>	23c. DATE SIGNED <u>5-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 23-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs Delta Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman M. Shelton</u> ADDRESS <u>Van Buren, Mo</u>
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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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Coleman W. Spenser

Licensed Embalmer No. 4543

P. O. Address Van Buren 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.