

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36723**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4397** Registrar's No. **51**

0750

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give town) Cooter	c. LENGTH OF STAY (in this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) Cooter	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8180	
3. NAME OF DECEASED (Type or Print) a. (First) Cathy b. (Middle) _____ c. (Last) Kelley		4. DATE OF DEATH: (Month) (Day) (Year) 10-15-53	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-8-53
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 7	IF UNDER 24 HRS. Hours 25 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Cooter, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Homer Kelley		13b. MOTHER'S MAIDEN NAME Pearl Barden	
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) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Homer Kelley Cooter, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		776X	
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 10/8 , 19 53 , to 10/15 , 19 53 that I last saw the deceased alive on 10/15 , 19 53 and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Stale Mo	
23c. DATE SIGNED 10/24/53		24. NAME OF CEMETERY OR CREMATORY # 8	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-15-53	24c. LOCATION (City, town, or county) (State) Cooter Mo	24d. _____
DATE REC'D BY LOCAL REG. 10/27-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Stale Mo.

10 - 341 - 53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 26 1953
OCT 29 1953

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.