

STANDARD CERTIFICATE OF DEATH

State File No. 37592

75799
FILED OCT 23 1953

BIRTH NO.		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>3074</u>	Registrar's No. <u>1-60</u>
1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. CITY OR TOWN <u>Mountain Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>Box 462</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kerri</u>		b. (Middle) <u>Lou</u>	c. (Last) <u>Nettles</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-22-1953</u>	9. AGE (In years last birthday) <u>NO</u> IF UNDER 1 YEAR: Months <u>--</u> Days <u>--</u> IF UNDER 24 HRS: Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>New Born Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Arthur Lee Nettles, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ila McDonald</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A.L. Nettles Jr.</u> ADDRESS <u>Mt. Drive Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Twin</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>
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) <u>774 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>22-Sept, 1953</u> , to <u>22-Sept, 1953</u> , that I last saw the deceased alive on <u>22-Sept, 1953</u> , and that death occurred at <u>10:10 p.m.</u> , from the causes and on the date stated above:				
23a. SIGNATURE <u>A.L. Nettles Jr.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>23-Sept-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-23-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>	
DATE REC'D BY LOCAL REG. <u>14 Sept 53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Otto Hunter</u> <u>429</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home - Sikeston Mo</u> ADDRESS		

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

OCT 19 1953
RECEIVED
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1053-232-

NOV

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.....
Signature of Student Embalmer

Signed Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Liberton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.