

STANDARD CERTIFICATE OF DEATH

No. 300
10.48
900

FILED JUL 19 1954

24101

State File No.

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>REYNOLDS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PURAZ</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None.</u>		d. STREET ADDRESS (If rural, give location) <u>6MI W. GANNAPOTIS</u>	

3. NAME OF DECEASED (Type or Print) <u>Pessie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 34</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>JAN. 17, 1904</u>		9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iron Co MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Wm. Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>TIN HACKWORTH</u>		14. NAME OF HUSBAND OR WIFE <u>HOWARD WATNER</u>	
--------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOWARD WATNER</u> ADDRESS <u>Annapolis</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>suicide, swallow</u> ANTECEDENT CAUSES <u>504</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WEBB REYNOLDS MO</u>	
---	--	--	--	---	--

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?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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>J. R. Pyrtle</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Centerville MO</u>		23c. DATE SIGNED <u>6/24/54</u>	
--	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/28/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Annapolis Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Annapolis MO</u>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>7/23/54</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White & Jones</u> ADDRESS <u>Iron Co MO</u>	
---	--	--	--	---	--

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

Received 7-16-54

Reynolds County Health

File No. 754 - 39

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.....

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.