

STANDARD CERTIFICATE OF DEATH

34776

State File No.

3954-54
FILED NOV 5 - 1954

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pemscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>mo.</u> d. Is Residence within limits of a city or incorporated town? <u>87802</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemscot Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>1/2 mi North of Wardell</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TEERY</u> b. (Middle) <u>PAULA</u> c. (Last) <u>EMERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 22 - 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 12 - 1954</u>
9. AGE: (In years last birthday) <u>9</u> IF UNDER 1 YEAR Days <u>10</u> IF UNDER 2 HRS. Hours <u></u> Mins. <u></u>		10. 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Cecil Emery</u>	
13b. MOTHER'S MAIDEN NAME <u>Wella Rae Burgett</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Emery</u>		ADDRESS <u>Wardell, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>		ANTECEDENT CAUSES		<u>days</u>
DUE TO (b) <u>Spinobifida</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c) <u>Hydrocephalus</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>congenital</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>751 X</u>		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)
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 Oct 22, 1954, to Oct 22, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel R. Henrley, M.D.</u>	23b. ADDRESS <u>Wardell Mo.</u>	23c. DATE SIGNED <u>10/25/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>10-25-54</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	4068	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caulfield</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-249-54
PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE
CARUTHERSVILLE, MO.

NOV 4 1954

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 *Noel C Dean*

Licensed Embalmer No. 39

P. O. Address Caruthersville

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.