

STANDARD CERTIFICATE OF DEATH

State File No. 34785

FILED NOV 15 1954 BIRTH NO. 79655-54 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 174

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Hayti</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shurey's Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>801 R N 4th St. 078/0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Phyllis</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Pirtle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1954</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>Never Married</u>	8. DATE OF BIRTH <u>Oct 2, 1954</u>	9. AGE (In years last birthday) Months Days <u>- - 6 45</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>William Earl Pirtle</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Lorene Hicks</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Pirtle</u> ADDRESS <u>Hayti, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Overmature hypoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asplenia</u>		
	DUE TO (c) <u>of mother</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>8 wks.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>7610</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 10-2, 1954, to 10-2, 1954, that I last saw the deceased alive on 10-2, 1954 and that death occurred at 3 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Shirey</u>	23b. ADDRESS <u>Mo Hayti, Mo.</u>	23c. DATE SIGNED <u>10-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-4-54</u>	REGISTRAR'S SIGNATURE <u>John W. German</u> NO. <u>406-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u> ADDRESS <u>Hayti, Mo</u>
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11-261-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

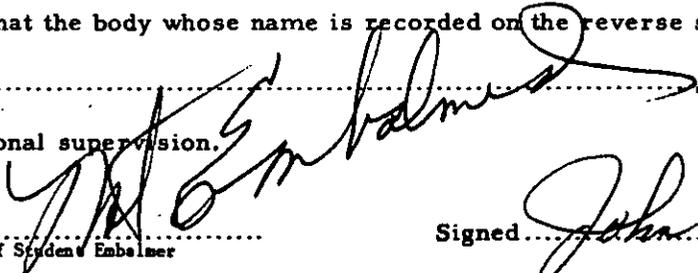
NOV 12 1954

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

working under my personal supervision.

Student.....
Signature of Student Embalmer



Student Embalmer No.....

Signed.....
John W. German

Licensed Embalmer No. 435

P. O. Address Hayti

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.