

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1955

State File No. 41747

BIRTH NO. 37284-54 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 60

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

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Miss</i>	
b. CITY OR TOWN <i>Rural, Wolf Island</i> c. LENGTH OF STAY (In this place) <i>6 mo.</i>		c. CITY OR TOWN <i>0670</i> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>10 miles S. East Prairie</i>	
3. NAME OF DECEASED a. (First) <i>BARBARA</i> b. (Middle) <i>SUE</i> c. (Last) <i>FAIRE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 25, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>June 25, 1954</i>
9. AGE (In years last birthday) <i>6</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <i>East Prairie, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Delbert Ray Faire</i>	
14. MOTHER'S MAIDEN NAME <i>Lucille Corlock</i>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		17. SOCIAL SECURITY NO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i> 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 <i>493X</i>	
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) (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 <i>no medical attendance</i> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4 A.</i> m., from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <i>Shelby Crown</i>		23b. ADDRESS <i>East Prairie Mo.</i>	
23c. DATE SIGNED <i>12-25-54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>12-26-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i>	
24d. LOCATION (City, town, or county) (State) <i>Chickston, Mo.</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>Marvathly, East Prairie</i>	
DATE REC'D BY LOCAL REG. <i>12-30-54</i>		REGISTRAR'S SIGNATURE <i>Gertrude G. Harper</i>	

DEC 31 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 31 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 *James Shelby*.....

Licensed Embalmer No. 2756.....

P. O. Address East Prairie, Mo......

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.