

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41880

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>Houti</u>		c. CITY OR TOWN <u>Houti</u>	d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 mos</u>		e. STREET ADDRESS (If rural, give location) <u>W. Main &amp; Deane St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Main &amp; Deane St.</u>		0781	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nicci</u> b. (Middle) <u>Ann</u> c. (Last) <u>Jefferson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15 54</u>	
5. SEX <u>3</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>9 June 54</u>
9. AGE (to years last birthday) <u>none</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, K.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>Louis Jefferson</u>		13b. MOTHER'S MAIDEN NAME <u>William Gilmore</u>	
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Nicci Jefferson Houti Mo</u> ADDRESS	
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) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity 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	
19c. DATE OF OPERATION		19d. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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 <u>12-5-</u> , 19 <u>54</u> , to <u>12-6-</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>12-5-</u> , 19 <u>54</u> , and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Attorney M.D.</u>		23b. ADDRESS <u>Houti, Mo.</u>	
23c. DATE SIGNED <u>12-16-54</u>		24. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17th Dec 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Comatory</u>	24d. LOCATION (City, town, or county) (State) <u>Cassville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-20-54</u>	REGISTRAR'S SIGNATURE <u>John H. Geman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Orrod</u> ADDRESS	

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

781 /

12-299-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 27 1984

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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. 7001 working under my personal supervision..

Student Mark.....  
Signature of Student Embalmer

Signed P. B. DeWool.....

Licensed Embalmer No. 4739

P. O. Address Cville, 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.