

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5725

BIRTH NO. 3540-55 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Pernett MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY Pernett	
b. CITY OR TOWN Hayti Heights		c. LENGTH OF STAY (in this place) 3 wks		c. CITY OR TOWN Hayti Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Mallory St. Hayti Heights			
3. NAME OF DECEASED (Type or Print)		a. (First) ANTHONY	b. (Middle) —	c. (Last) Brady	
4. DATE OF DEATH (Month) (Day) (Year) 2 6 55		5. SEX male		6. COLOR OR RACE colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan 10-55		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mallory St. Hayti Heights	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Ruby Jean Poverdy	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Lula Brady		ADDRESS Hayti, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza-like syndrome		INTERVAL BETWEEN ONSET AND DEATH 3 days			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Bronchopneumonia					
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		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 1-4, 1955, to 1-4, 1955, that I last saw the deceased alive on 1-4, 1955, and that death occurred at 2:05 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Harry J. Pines M.D.		(Degree or title)		23b. ADDRESS 312 East Main St. Hayti, Mo.	
23c. DATE SIGNED 1-6-55		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-6-55	
24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) Concord MO			
DATE REC'D BY LOCAL REG. 2-6-55		REGISTRAR'S SIGNATURE John W. German 406		25. FUNERAL DIRECTOR'S SIGNATURE John W. German Hayti, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

2-51-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 19 1955

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 *Johell Bernier*  
Licensed Embalmer No. *435*  
P. O. Address *Hoyti*

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.