

FILED DEC 12 1957

STANDARD CERTIFICATE OF DEATH

41334

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 21

300
1-57 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot			
b. CITY (If outside corporate limits, give TOWNSHIP only) Hayti			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Pem. County Mem. Hsp. 1 Day			Length of stay in lb	d. STREET ADDRESS (If outside, give location) Route One			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Pearlie Lee Virginia Rudd				4. DATE OF DEATH Month Day Year Nov. 29, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1933		9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Noble, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Walter Eugene Lawrence		13b. MOTHER'S MAIDEN NAME Lillie Mae Barrett		14. NAME OF HUSBAND OR WIFE Jessie Willard Rudd			
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. None	17. INFORMANT Address Willard Rudd-Hayti, Mo. Rt. 1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3-4-0 Burns of 75 to 90% of body						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						9160 16	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 3rd rail line eye poked in 3 weeks before she tried to pick a chicken & burned					
20c. TIME OF INJURY 8 Km. Nov. 28, '57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION West Ingram Ridge Pemiscot Missouri		COUNTY		STATE	
21. I attended the deceased from 11-26-57 to 11-24-57 and last saw her alive on 11-28-57 Death occurred at 8:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Off Shiner M.D.				22b. ADDRESS Shiner Clinic Hayti, Mo		22c. DATE SIGNED 12-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		
24. FUNERAL DIRECTOR ADDRESS H.S. Smith Funeral Home C'vle. Mo.			25. DATE RECD. BY LOCAL REG. 12-5-57	26. REGISTRAR'S SIGNATURE John H. German			

(Licensed Embalmer's Statement on Reverse Side)

406 0

12-369-57

DEC 10 1957

BERNARD COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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. *This body was not embalmed*

Student
Signature of Student Embalmer

Signed *W. Flower Pike*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville*
Missouri

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.