

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17732**

FILED FEB 19 1958

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **72**

2790

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

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 OR TOWN Bragg City Rural		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		c. CITY OR TOWN Bragg City d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Rt. 1		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) E. c. (Last) Pavatt			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 3, 1876
9. AGE (in years last birthday) 81	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Choctaw Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Markus Pavatt	13b. MOTHER'S MAIDEN NAME Mary Phouzell	14. NAME OF HUSBAND OR WIFE (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Alford Wright	
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) Intestinal Hemorrhage—cause undetermined INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES (This man refused hospitalization and complete diagnosis was impossible in the home.) 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 578X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00A.M. from the causes and on the date stated above.			
23a. SIGNATURE George R. Dummer MD		23b. ADDRESS _____	23c. DATE SIGNED 2-7-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/1/57	24c. NAME OF CEMETERY OR CREMATORY Hughie	24d. LOCATION (City, town, or county) (State) Clinton Ark.
DATE REC'D BY LOCAL REG. 2-11-58	REGISTRAR'S SIGNATURE John W. German	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service	
		ADDRESS Senathm 380	

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2-56-58

FEB 17 1958

PEMBROCK 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..

Student.....
Signature of Student Embalmer

Signed *Robert B. Baird*.....
Licensed Embalmer No. *4888*.....
P. O. Address *Farmville, 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.