

FILED OCT 31 1958

15342-51

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037289

STATE FILE NUMBER

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 65

300  
1-57  
3782  
0

1. PLACE OF DEATH a. COUNTY Peniscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville, Mo.		c. CITY OR TOWN 0782	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cook's Clinic		Length of stay in lb 2 hr.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Baby Girl Calhoone			4. DATE OF DEATH Month Day Year 10-23-58
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-23-58
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min. 2	
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 country) Caruthersville, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Nettie Mae Sinclair	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)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Nute Strickland Hayti, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity DUE TO (b) Premature Labor DUE TO (c) 776X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 hours
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from 23 Oct 1958, to 23 Oct 1958 and last saw her alive on 23 Oct 1958 Death occurred at 6 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. W. Cooke MD (Degree or title)		22b. ADDRESS Caruthersville, Mo	22c. DATE SIGNED 10/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-24-58	23c. NAME OF CEMETERY OR CREMATORY Homestown Cenetery	23d. LOCATION (City, town, or county) (State) Wardell, Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home		ADDRESS Hayti, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 24, 1958
		26. REGISTRAR'S SIGNATURE Jessie B. Wilke	

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.

F. W. Cooke, MD  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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

Body Was not Embalmed

Signed .....

Licensed Embalmer No.....

P. O. Address.....

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.

CHILSVILLE, MO.