

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037302
STATE FILE NUMBER

19943-98
FILED NOV 3 1958 Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Peniscot			2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Mo. b. COUNTY PENISCOT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) HOSPITAL OR INSTITUTION Rt. 1 Hayti		Length of stay in 1b 1 hr.	d. STREET ADDRESS (If outside, give location) 0780 Rt. 1		Reside on Farm Yes <input checked="" 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	6. COLOR OR RACE 3 Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-23-58		9. AGE (In years last birthday) 0
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 Nute Strickland Address 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 7 hours
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 10/23/58 to 10/23/58 and last saw her alive on 10/23/58 Death occurred at 8 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (If degree or title) Fowler			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 Honestown Cenetry		23d. LOCATION (City, town, or county) (State) Wardell Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.			25. DATE RECD. BY LOCAL REG. 10-24-58		26. REGISTRAR'S SIGNATURE J. W. Gorman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

UGT 30 1958

CARUTHERSVILLE, MO. PHONE 79

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 Signed
Signature of Student Embalmer

Body Was Not Embalmed

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.