Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002319

STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 272 Primary Registration District No. 3952 Registrar's No. 8

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 (If outside corporate limits, give TOWNSHIP only): Steele — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN: Steele — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R. 3 Virginia Twp — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): Virginia Twp. R. 3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Bobbie	Middle: Gene	Last: Emory	4. DATE OF DEATH Month Day Year: 1-8-59
5. SEX: M 2	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 4-21-58
9. AGE (In years last birthday): 0	IF UNDER 1 YEAR Months: 8 Days: 17	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X	10b. KIND OF BUSINESS OR INDUSTRY: X	11. BIRTHPLACE (City and state or country): Pemiscot, Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Mancie Emory	13b. MOTHER'S MAIDEN NAME: Mary Jane Mason	14. NAME OF HUSBAND OR WIFE: X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X	16. SOCIAL SECURITY NO.: X	17. INFORMANT: Mary J. Emory Address: R. 3 Steele, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pneumonia (Bronchial) — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 491 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-7-59, to 1-7-59 and last saw her alive on 1-7-59. Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. G. McDaniel Mo.	22b. ADDRESS: Steele, Mo	22c. DATE SIGNED: 1-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-11-59	23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge	23d. LOCATION (City, town, or county) (State): R. 3 Steele, Mo.
24. FUNERAL DIRECTOR ADDRESS: Osburn Funeral Home, Hayti, Mo.	25. DATE RECD. BY LOCAL REG.: Jan 15-59	26. REGISTRAR'S SIGNATURE: L. R. Pinnon	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 19 1959
COURTHOUSE
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 James A. Dabum

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.