MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-047003
STATE FILE NUMBER

Registration District No. 992 Primary Registration District No. 0916 Registrar's No. 66

FILED VS DEC 19 1960

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 3
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pemiscot
c. CITY OR TOWN Steele
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt 3
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Diana Middle Deal Last
4. DATE OF DEATH Month 11 Day 29 Year 60
5. SEX F
6. COLOR OR RACE Col
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-5-60
9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Steele Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jennie Deal
13b. MOTHER'S MAIDEN NAME Anna Ruth Moore
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jennie Deal Address Steele Rt 3

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 or 3 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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11-27-60, to 11-29-60 and last saw her alive on 11-27-60
Death occurred at A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H H McDaniel MD (Degree or title)
22b. ADDRESS Steele Mo
22c. DATE SIGNED 12-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-29-60
23c. NAME OF CEMETERY OR CREMATORY Holly Grove
23d. LOCATION (City, town, or county) (State) Steele Mo

24. FUNERAL DIRECTOR Sermon Funeral Home ADDRESS Steele Mo
25. DATE RECD. BY LOCAL REG. Dec 9-60
26. REGISTRAR'S SIGNATURE L. L. Robinson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.