OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-043303
STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b: 15 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shuffitt Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Chestnut & Washington — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Annie Middle Louisa Last DeField
4. DATE OF DEATH: Month Nov. Day 25 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-28-1875 (1874)
9. AGE (last birthday): 86 ~~85~~
IF UNDER 1 YEAR: Month 11 Day 27 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Dexter, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Marion Webb
13b. MOTHER'S MAIDEN NAME: Mirianda A. Pearson
14. NAME OF HUSBAND OR WIFE: Clarence S. DeField
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.: Unknown
17. INFORMANT: Address: Ted DeField, East Prairie, 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 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): Arteriosclerosis, generalized
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 4-15-59 to 11-25-61 and last saw her/him alive on 11-25-61
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE G J Martin (Degree or title) MD
22b. ADDRESS Sikeston, MO
22c. DATE SIGNED 12-2-61

BY AFFIDAVIT OF Informant

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-27-61
23c. NAME OF CEMETERY OR CREMATORY: Oddfellows Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Missouri
24. FUNERAL DIRECTOR ADDRESS: Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG.: 12-6-1961
26. REGISTRAR'S SIGNATURE: Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

4/3/63 4/3/63 11-28-1875 85 11-28-1874 86 8 9

OCT 10 1962

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Travis Shelby Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4940

permit issued Nov 26 - 1961.

P. O. Address Fort Plain

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.