

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38161

State File No. ....

BIRTH NO. 74533-49 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>penicosa.t</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Wyer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newbern 999</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Shirley E. B. Mary Sue Conotser</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>mary</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Conotser</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7-49</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Nov. 7-1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 2 HRS. Hours <u>—</u> Min. <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	11. BIRTHPLACE (State or foreign country) <u>Hayti, mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>infant</u>
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13a. FATHER'S NAME <u>Johnnie Conotser</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Christine Solis</u>	14. NAME OF HUSBAND OR WIFE <u>infant</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Christine Solis</u>	ADDRESS <u>Newbern, Tenn.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature baby</u>		
	ANTECEDENT CAUSES <u>5 or 6 mos.</u>		
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>12:20 pm 12:40 pm</u>
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22. I hereby certify that I attended the deceased from 11-7-49 to 11-7-, 1949, that I last saw the deceased alive on 12-7-, 1949, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hayti, mo.</u>	23c. DATE SIGNED <u>11-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reber Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Newbern, Tenn.</u>
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DATE REC'D BY LOCAL REG. <u>11-10-49</u>	REGISTRAR'S SIGNATURE <u>John W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermand Friends</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

18  
12  
11

11-49-270.

11-47-334

NOV 14 REC'D

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.