

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 35910-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo 078</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Godard</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Godard Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Portageville R#2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sheila</u>	b. (Middle) <u>Sue</u>	c. (Last) <u>Maffett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</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>May 1, 1950</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Remick Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>L. M. Maffett</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Cox</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O. C. Faries, Portageville Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible aspiration or pneumonia.</u>		<u>?</u>
	DUE TO (c) <u>Premature Infant - Sm. Gest.</u>		<u>7625</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <input checked="" type="checkbox"/>	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) <u>5-2-1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-2-1950, to 5-2-1950, that I last saw the deceased alive on 5-2-1950 and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Killian MD</u> (Degree or title)	23b. ADDRESS <u>Portageville Mo</u>	23c. DATE SIGNED <u>5-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 3, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-8-50</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	ADDRESS <u>Portageville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-50-134

MAY 8 1960  
Pemiscot County Health Department

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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

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.