

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9311

State File No.

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (In the place) <u>2 1/2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti Hayti</u> <u>0781</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 505</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>P.O. Box 505</u> <u>0</u>		
3. NAME OF DECEASED a. (First) <u>Earnestine</u> b. (Middle) _____ c. (Last) <u>Key Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7, 1933</u>	9. AGE (In years last birthday) <u>18</u> Months <u>9</u> Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Earnest G. Key</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Neal</u>	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earnest G. Key Hayti, Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eclampsia</u> INTERVAL BETWEEN ONSET AND DEATH <u>29 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TOXEMIA OF PREGNANCY</u> DUE TO (c) _____ 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"/>	
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) <u>Hayti Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>12-26</u> , 19 <u>51</u> , to <u>3-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>52</u> , and that death occurred at <u>3:47</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>C. D. Kauer</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Hayti Mo.</u>		23c. DATE SIGNED <u>3-10-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Galatonsville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-13-52</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406-32</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. D. Smith Hayti, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-52-77

Recs MAR 15 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 *Philip B. Woods*

Licensed Embalmer No. *4893*

P. O. Address *P.O. Box 766 Caruthersville*

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.