

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9333**

BIRTH NO. **9178** REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4408** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY Demuel		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Demuel	
b. CITY (If outside corporate limits, write RURAL and give township) Steele		c. CITY (If outside corporate limits, write RURAL and give township) Steele	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Rosebelle Ann b. (Middle) Perry c. (Last) Baswell		4. DATE OF DEATH (Month) (Day) (Year) 2-7-52	
5. SEX F	6. COLOR OR RACE 3 Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-6-52
9. AGE (In years last birthday) 0 0 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Steele Mo	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Robinson	13b. MOTHER'S MAIDEN NAME Halley Perry	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) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Halley Baswell	ADDRESS Steele
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) no medical aid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. P. Robinson (Degree or title) Local Registrar	23b. ADDRESS Steele Mo	23c. DATE SIGNED 2-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-52	24c. NAME OF CEMETERY OR CREMATORY Halley Lane	24d. LOCATION (City, town, or county) (State) Steele Mo
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DATE REC'D BY LOCAL REG 3/1-52	REGISTRAR'S SIGNATURE S. P. Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Gerson Wood	ADDRESS Steele Mo
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4-52-108

Rec. APR 8 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.....

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.