No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17411

FILED MAY 28 1952

BIRTH NO. 3072 Fed REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti 5781
d. STREET ADDRESS (If rural, give location): 506 South 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Baby
b. (Middle):
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 16, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months: 0 Days: 0 — If under 24 hrs.: Hours: 1 Min.: 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hayti, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Odis Fisher
13b. MOTHER'S MAIDEN NAME: Vivian Stearns
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Vivian Fisher
ADDRESS: Hayti, Mo 506 South 5th St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 6 months (Premature infant).

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Traumatic injury & Premature Delv.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1952, *to* 5-17, 1952, *that I last saw the deceased alive on* 5-17, 1952, *and that death occurred at* 11:53A m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. O. Lauer
(Degree or title): MD
23b. ADDRESS: Hayti, Mo.
23c. DATE SIGNED: 5-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-17-52
24c. NAME OF CEMETERY OR CREMATORY: Eastwood lawn
24d. LOCATION (City, town, or county) (State): Hayti, Mo.

DATE REC'D BY LOCAL REG.: 5-21-52
REGISTRAR'S SIGNATURE: John W German
25. FUNERAL DIRECTOR'S SIGNATURE: John W German
ADDRESS: Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

5-52-165

Rec. MAY 24 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.

Not Embalmed

Student Embalmer No. .....

Signed ..... John W German

Signed ..... Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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.