

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28598

State File No.

FILED AUG 28 1952
BIRTH NO. 52386 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 123

532

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland Rural</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u> <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace memorial</u>			
3. NAME OF DECEASED (Type & Print) a. (First) <u>Saundia Sue</u> b. (Middle) <u>Bechtel</u> c. (Last) <u>Bechtel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17 1952</u>
5. SEX <u>7</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 10th 1952</u>
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Infant</u>	11. BIRTH PLACE (State or foreign country) <u>Richland Rt 2</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Cecil Bechtel Jr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Dona Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>7630</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Bechtel Richland Rt #2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bronchial</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> 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 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)			
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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>die on August 17, 1952</u> , and that death occurred at <u>12:22 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Jenkins MD</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>8/18/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/18/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-19-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u>		ADDRESS <u>Lebanon</u>	

Received AUG 27³ 1952
Laclede County Health Unit
File No. 8-52-40
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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.....

No Embalming
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.