

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1953

State File No. _____

BIRTH NO. 37837 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived 10 days or more immediately before admission to hospital) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cavearthville</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Lavant ave 0182</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital</u>			

3. NAME OF DECEASED (Type or Print)
a. (First) DANNY b. (Middle) HAROLD c. (Last) STANFILL
d. DATE OF DEATH (Month) (Day) (Year) June 14 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH June 12 1953 9. AGE (In years last birthday) 2 If under 1 year: Months 2 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE (City and State or Foreign Country) Hayti, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harold Stanfill 13b. MOTHER'S MAIDEN NAME Marion Thompson 14. NAME OF HUSBAND OR WIFE None

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Harold Stanfill ADDRESS Cavearthville

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) Prematurity
ANTECEDENT CAUSES DUE TO (b) Pyelonephritis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 NO 774X

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) (Minute) _____ 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 JUNE 12, 1952, to JUNE 14, 1953, that I last saw the deceased alive on JUNE 14, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degrees or title) Wm. Kosble, M.D. 23b. ADDRESS Cavearthville, Mo. 23c. DATE SIGNED 6-23-53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 6-14-53 24c. NAME OF CEMETERY OR CREMATORY Little Home 24d. LOCATION (City, town, or township) (State) Cavearthville Mo.

DATE REC'D BY LOCAL REG. 7-2-53 REGISTRAR'S SIGNATURE John W. German 25. FUNERAL DIRECTOR'S SIGNATURE La Forge and Co. Cavearthville ADDRESS _____
(Licensed Embalmer's Statement on Reverse Side)

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

781
0

7-222-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 7 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Noel C. Davis

Licensed Embalmer No.

3946

P. O. Address

Caruthersville, 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.