

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36715

State File No. _____

FILED NOV 9 - 1953

BIRTH NO. 53794 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 195

0761
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Pemisco</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemisco</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY OR TOWN <u>Hayti</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Pemisco County Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>410 E Washington</u>	
3. NAME OF DECEASED a. (First) <u>BARBARA JEAN</u> b. (Middle) <u>SMITH</u> c. (Last) <u>SMITH</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>25</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug 3, 1953</u>
9. AGE (In years last birthday) <u>0</u> if UNDER 1 YEAR Months <u>2</u> Days <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Child</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Chester Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Sanders</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Smith</u> ADDRESS <u>Hayti</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Upper respiratory Infection</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Dehydration, Cardiac failure</u> 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) _____ (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>Oct 24, 1953</u> , to <u>Oct 25, 1953</u> , that I last saw the deceased alive on <u>Oct 25, 1953</u> , and that death occurred at <u>4:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Daniel R. Hensley</u> (Degree or title) _____		23b. ADDRESS <u>MD. Carnthersville, Mo.</u>	23c. DATE SIGNED <u>10-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-31-53</u>	REGISTRAR'S SIGNATURE <u>John St. German</u> 406-C	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W German</u> ADDRESS <u>Hayti, Mo.</u>	

11-350-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 5 1953

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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond L. Tuffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Hayte, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.