No. 300
10.48

FILED JAN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1959

BIRTH NO. 3588-55 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 4400 Registrar's No. 21

780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN: Bragg City
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0780

3. NAME OF DECEASED (Type or Print): a. (First) Brenda b. (Middle) Sue c. (Last) Pickard

4. DATE OF DEATH (Month) (Day) (Year): Jan 8, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 7, 1955
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 10, Min. 25

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

13a. FATHER'S NAME: J. P. Pickard
13b. MOTHER'S MAIDEN NAME: Lavon Phifer
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: J. P. Pickard — ADDRESS: Bragg City Mo

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): Asphyxiation due to
ANTECEDENT CAUSES: Plugging of air passage way
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): by vernicous.
DUE TO (c): Prematurity, 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E9220 18
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) 078 (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* 1-7-, 1955, *to* 1-8-, 1955, *that I last saw the deceased alive on* 1-7-, 1955 *and that death occurred at* 8:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 1-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-8-55
24c. NAME OF CEMETERY OR CREMATORY: East Woodlawn
24d. LOCATION (City, town, or county) (State): Hayti Mo

DATE REC'D BY LOCAL REG.: 1-8-55
REGISTRAR'S SIGNATURE: John W. German 406-a
25. FUNERAL DIRECTOR'S SIGNATURE: Friends - James Phifer — ADDRESS: Bragg City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1-21-55

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 13 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.