

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38933

STATE FILE NUMBER

D. Kaiser
FILED DEC 12 1956

Registration District No. *267* Primary Registration District No. *3049* Registrar's No. *194*

1. PLACE OF DEATH a. COUNTY <i>Demasot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Demasot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		c. CITY OR TOWN <i>Hayti</i> <i>Mo 18</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>107 E. Madison</i>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Fannie Isabell White</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>20</i> Year <i>1956</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 16, 1877</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Month <i>8</i> Days <i>4</i>	IF UNDER 24 HRS. Hours <i>4</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Settle</i>			14. MOTHER'S MAIDEN NAME <i>Betty Cook</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Elyde White</i> Address <i>Hayti, Mo</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis + Terminal pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Malnutrition + arthritis deformans</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *Dec 15, 1956* to *Nov 7, 1956* and last saw her alive on *Nov 7, 1956*
Death occurred at *11:00 P* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>C.D. Kaiser M.D.</i>	22b. ADDRESS <i>223 S. 3rd Hayti, Mo</i>	22c. DATE SIGNED <i>11-26-56</i>
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23a. BURIAL, CREMATION, REMOVAL (S.D. 11/19) <i>Burial</i>	23b. DATE <i>11-23-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Hayti, Mo</i>
24. FUNERAL DIRECTOR <i>John St. German</i> ADDRESS <i>Hayti, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>11-29-56</i>	26. REGISTRAR'S SIGNATURE <i>John St. German</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

12-317-56

DEC 10 1956

PEARSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*.....

Licensed Embalmer No...43

P. O. Address *Hayti*.....

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