

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12658

State File No.

FILED MAY 13 1957

BIRTH NO. 21025-57 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Bernie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>RFD# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memo. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>Sue</u> c. (Last) <u>Causey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>4-24-57</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Connie Froman Causey</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Jean White</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Shirley Causey, Bernie Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</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>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>

22. I hereby certify that I attended the deceased from 4-24-57, 1957, to 4-24-57, 1957, that I last saw the deceased alive on 4-24-57, 1957, and that death occurred at 5:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles R. Peck</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kennett, Mo</u>	23c. DATE SIGNED <u>4/29/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-25-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-30-1957</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs Shirley Causey, Bernie Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
EV. 10-48

00412

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RECEIVED DUNKLIN COUNTY
DEPARTMENT 5-7-5
COUNTY FILE NUMBER 57
557

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.....

Licensed Embalmer No.....

P. O. Address.....

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.