No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1957

State File No. 20597

BIRTH NO. 29391-57 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MALDEN
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) CARLSTROM CLINIC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS 0350 (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) SHIRLEY b. (Middle) FLORINA c. (Last) TRUETT

4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 1957

5. SEX Fem.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH June 3, 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Malden, Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Clyde Truett
13b. MOTHER'S MAIDEN NAME Stella Marie Book
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 Clyde Truett ADDRESS Clarkton

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) Premature Birth 6 Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Twin

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 776 X
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) (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* 6-3 *19*57 *to* 6-3-57, *19*___, *that I last saw the deceased alive on* 6-3-57, *19*___, *and that death occurred at* 12:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. Carlstrom D.O.
23b. ADDRESS Malden, Missouri
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 6-4-1957
24c. NAME OF CEMETERY OR CREMATORY Stanfield Cem
24d. LOCATION (City, town, or county) (State) Clarkton, Mo.

DATE REC'D BY LOCAL REG. 6-15-57
REGISTRAR'S SIGNATURE J. G. Schauman
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell Siggett, Ark. **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

87-0

RECEIVED DUNKLIN COUNTY HEA

DEPARTMENT 6-19

COUNTY FILE NUMBER 657-

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~~ was not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Floyd Russell

Licensed Embalmer No. 509-Ark

P. O. Address Jaggett, Ark.

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.