

FILED JUL 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 022041  
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <b>Hayti</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Wardell</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Hosp.</b>			Length of stay in lb <b>1 Day</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Anette</b> Middle <b>Louise</b> Last <b>Collier</b>				4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec 10, 1955</b>		9. AGE (In years last birthday) <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>x</b>		11. BIRTHPLACE (City and state or country) <b>Caruthersville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Willie J. Collier</b>				14. MOTHER'S MAIDEN NAME <b>Jestene Smith</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>x</b>		17. INFORMANT <b>Willie J. Collier</b> Address <b>Wardell, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephrotic Syndrome</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Unknown</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) <b>591X</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>6 P.M.</b> Month <b>June</b> Day <b>23</b> Year <b>1957</b>							
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 <b>Wardell, Mo.</b>		COUNTY STATE	
21. I attended the deceased from <b>19 June 1957</b> to <b>23 June 1957</b> and last saw <b>her</b> alive on <b>23 June '57</b> Death occurred at <b>6 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>F. L. ...</i>				22b. ADDRESS <b>Caruthersville, Mo.</b>		22c. DATE SIGNED <b>6/26/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-25-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Homestown</b>		23d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b>		
24. FUNERAL DIRECTOR <b>Jimmy Osburn</b> ADDRESS <b>Wardell, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-29-57</b>		26. REGISTRAR'S SIGNATURE <i>John W. ...</i>		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-191-57

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
SCARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *James G. Johnson*

Licensed Embalmer No. 4185

P. O. Address *Waddell*

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