

00-130 Dec 20 1957
 health, Welfare Public service
 300 0
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Ducton, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27918
 STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 106

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>New Madrid</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Marston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>Oriemorial Hosp.</u> INSTITUTION <u>Dunklin County</u>			Length of stay in lb <u>2 Days</u>		d. STREET (If outside, give location) ADDRESS <u>Marston, Mo.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary (Mayme)</u> Middle <u>Elizabeth</u> Last <u>Welshans</u>				4. DATE OF DEATH Month <u>August</u> Day <u>14</u> Year <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>October 1, '91</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u> Hours <u>34</u> Min. <u>30</u>	IF UNDER 24 HRS. Hours <u>16</u> Min. <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Pemiscot County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Stanton Steward</u>				14. MOTHER'S MAIDEN NAME <u>Laura B. Wilson</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Leola Braswell - Kennett, Missouri</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral - Left Ptery.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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 <u>8-12</u> , to <u>57 8-14-57</u> and last saw her/him alive on <u>8-14-57</u> . Death occurred at <u>6:20</u> A. m. on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE <u>George G. Summers, M.D.</u> (Degree or title)				22b. ADDRESS <u>Kennett Mo</u>		22c. DATE SIGNED <u>8/17/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 15, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Cemetery</u>		23d. LOCATION (City, town, or county) <u>New Madrid County, Mo.</u>			
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home</u>			ADDRESS <u>C'ville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-1957</u>	26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>		

RECEIVED DUNKLIN COUNTY HI
DEPARTMENT 8-27-
COUNTY FILE NUMBER 857

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 *W. Denver Duke*.....

Licensed Embalmer No. *448*

P. O. Address *Casartown*

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.