

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45352

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MEXICO</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Rest Home</u> Length of stay in 1b			4. DATE OF DEATH Month <u>Dec</u> Day <u>14</u> Year <u>1957</u>		
3. NAME OF DECEASED (Type or print) First <u>LETHA</u> Middle <u>E</u> Last <u>WALKERS</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH <u>MAR 14 1870</u> 9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>MEXICO MD U. S. A</u>	
13. FATHER'S NAME <u>George Bailey</u>		14. MOTHER'S MAIDEN NAME <u>MARIE SIMMONS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> If yes, give war or dates of service		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Mrs. Mella Brown, Bowling Green, Mo.</u> Address	
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>Hypertoxic Pneumonia</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>10 days</u> <u>yes</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>—</u> Month, Day, Year <u>—</u>		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>1956</u> to <u>12-14-57</u> and last saw her alive on <u>12-14-57</u> Death occurred at <u>11 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. M. Pritchett</u> (Degree or title)		22b. ADDRESS <u>Bowling Green, Mo.</u>		22c. DATE SIGNED <u>12-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>Removal Dec 14 1957</u>		<u>Dec 14 1957</u>		<u>Mexico</u>	
24. FUNERAL DIRECTOR <u>Pritchett, Mexico MD</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12/18/57</u>		26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

BEG 30 1957

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 *Harold C. Kirk*

Licensed Embalmer No. *459*

P. O. Address *Bowling*

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.