. Health,
& Welfare
Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033673
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pem. Co. Mem. Hosp. DOA — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti 078 c — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Gen. Del. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cathey Middle: Sue Last: Pouge

4. DATE OF DEATH Month Day Year: 10-5-58

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug, , 1958

9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -

11. BIRTHPLACE (City and state or country): Hayti, Missouri c

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Pouge

13b. MOTHER'S MAIDEN NAME: Lana Tabor

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT Address: John Pouge, Gen. Del. Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Death due to original cause unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Probable cause collapse.
DUE TO (c): Diarrhoea. Bot. pneumonia
Toxemia. History
INTERVAL BETWEEN ONSET AND DEATH: 4 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 5710
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
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 Oct 7 to Oct 8 and last saw her alive on another day.
Death occurred at home which not given above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Hayti, Mo.
22c. DATE SIGNED: 10-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-1958
23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
23d. LOCATION (City, town, or county) (State): Concord, Pem. Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: John W. German, Hayti, Mo.
25. DATE RECD. BY LOCAL REG.: 10-6-58
26. REGISTRAR'S SIGNATURE: John W. German

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

OCT 9 - 1930

PHONE 79
CARUTHERSVILLE, MO.

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 John W German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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.