

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037301  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 210

300  
1-57  
780  
1

1. PLACE OF DEATH a. COUNTY <b>Pe miscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pe miscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Little Prairie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Hayti R#1</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>no</b>		Length of stay in lb <b>life</b>	d. STREET ADDRESS (If outside, give location) <b>4mi S. Hayti mo</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Dianne Burrell</b>			4. DATE OF DEATH Month Day Year <b>Sept 21 1958</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>3 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>July 31 1958</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>1</b> Days <b>20</b> IF UNDER 24 HRS.: Hours <b>20</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Caruthersville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Leaster Burrell</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Bell</b>
14. NAME OF HUSBAND OR WIFE <b>none</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. - - - - -
17. INFORMANT Address <b>Leaster Burrell, Rt. 1, Hayti, 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>Transition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Parenteral Diarrhea</b> DUE TO (c) <b>5710</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>21 July 1958</b> to <b>21 July 1958</b> and last saw her alive on <b>21 July 1958</b> Death occurred at <b>6 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Dee or title)		22b. ADDRESS <b>Caruthersville, Mo</b>	22c. DATE SIGNED <b>9/26/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-21-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shade Switch</b>	23d. LOCATION (City, town, or county) (State) <b>Hati Pe miscot Mo.</b>
24. FUNERAL DIRECTOR <b>Family R# L Box 812 Hayti mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-20-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Noel Sean*

Licensed Embalmer No. *3941*  
P. O. Address *Carell Hill*

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.

*not*

CANOTTHERSVILLE, MO