Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008960
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CAMPBELL — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Baptist Rest Home — Length of stay in Ib: 6 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett 0.3.52 0 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 914 Whitley St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First / Middle / Last: LILLIE MAE PELTS

4. DATE OF DEATH: Month March Day 7 Year 1959

5. SEX: F 1

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Apr. 15 1893

9. AGE (In years last birthday): 65 — 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): Sales person

10b. KIND OF BUSINESS OR INDUSTRY: Ladies wear

11. BIRTHPLACE (City and state or country): Kennett, Mo. 6

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

13a. FATHER'S NAME: John Henry Sanders

13b. MOTHER'S MAIDEN NAME: Nancy Mahalia Champ

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No 6 — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-09-6886

17. INFORMANT: Lillie Mae Dickey — Address: Kennett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old cerebral vascular accident with right hemiplegia

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 March 4, 1959, to March 7, 1959 and last saw her alive on March 7, 1959. Death occurred at 9:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Nathan Morris, M.D. 6 (Degree or title)

22b. ADDRESS: Piggott Hospital, Piggott, Arkansas

22c. DATE SIGNED: 3-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 9 1959

23c. NAME OF CEMETERY OR CREMATORY: Liberty-

23d. LOCATION (City, town, or county) (State): Kennett (R) Missouri

24. FUNERAL DIRECTOR: Paul Salmon Kennett, Mo.

25. DATE RECD. BY LOCAL REG.: 3-8-1959

26. REGISTRAR'S SIGNATURE: Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

...Y FILE NUMBER ...

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 .....

Licensed Embalmer No. 2556

P. O. Address .....

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.