

S. No. 300
V. 10.48

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11963
State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3019 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett 805</u>)	c. LENGTH OF STAY (in this place) <u>35</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	d. STREET ADDRESS (If rural, give location) <u>805 N Baldwin</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>805 N Baldwin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>	b. (Middle) <u>=</u>	c. (Last) <u>Jackoon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-1949</u>
5. SEX <u>41</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-4-1890</u>
9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>3</u>	IF UNDER 2 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Portageville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W H Snipes</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Snipes</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dick Moore</u> ADDRESS <u>Kennett</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July</u> 19 <u>48</u> , to <u>Apr. 8, 1949</u> , that I last saw the deceased alive on <u>Apr. 6, 1949</u> , and that death occurred at <u>4</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stacy J. Dunbar M.D.</u>		23b. ADDRESS <u>Kennett, Mo</u>	23c. DATE SIGNED <u>4/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-16-1949</u>	REGISTRAR'S SIGNATURE <u>Carl Huskard</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>90</u>	ADDRESS <u>First Service Kennett, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

64 - June 11/00

RECEIVED

District Health Office No. 2,

District File Number 499-50

Date Filed 6-18-00

00

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.