

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36592

352

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett <u>0352</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) Eugene c. (Last) Looney			4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1950
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 10, 1877
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) McKenzie, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Looney	
13b. MOTHER'S MAIDEN NAME Elizabeth Pate		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Odie Wilker, Kennett, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endocarditis DUE TO (c) Endocarditis + Myocarditis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. Post-uma uncertain 11214	
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)	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>Nov. 15, 1950</u> , to <u>Nov. 17, 1950</u> , that I last saw the deceased alive on <u>Nov. 16, 1950</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Wm. H. Christman, D.O. (Degree or title)		23b. ADDRESS Box 26, Kennett, Mo.	23c. DATE SIGNED 11/18/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-19-50	24c. NAME OF CEMETERY OR CREMATORY Harvey's Chapel	24d. LOCATION (City, town, or county) (State) Merma Duke, Arkansas
DATE REC'D BY LOCAL REG. 11-23-1950	REGISTRAR'S SIGNATURE E. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Emerson, Paragould, Arkansas	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-24-50

COUNTY FILE NUMBER 1150-313

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 _____

Rede E. Embalmer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

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.