

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40255

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 W. 7th Street</u>		d. STREET ADDRESS (If rural, give location) <u>908 W. 7th Street</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>MONROE</u>	
		c. (Last) <u>DEERING</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 15, 1879</u>
9a. AGE (In years last birthday) <u>71</u>		9b. IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Marshall Deering</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Faughn</u>	
14. NAME OF HUSBAND OR WIFE <u>Flora Deering</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give way or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R.F. Wallace</u>		ADDRESS <u>605 W. 7th, Kennett, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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>9:20 AM Dec 25 1950</u> to <u>Dead on arrival</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>	
		23c. DATE SIGNED <u>27 Dec 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-28-1950</u>	REGISTRAR'S SIGNATURE <u>Carol Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u> ADDRESS <u>Campbell, Mo</u>	

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-28-50

COUNTY FILE NUMBER 1250-341

SEP 11 1950

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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 _____
Student Embalmer

Signed Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Va

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.