

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12103

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>47</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		a. STATE <u>MO</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (In this place) <u>8 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0352</u>		d. STREET ADDRESS (If rural, give location) <u>705 So Everett Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>705 So Everett</u>				d. STREET ADDRESS (If rural, give location) <u>705 So Everett Street</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Minnie</u>			b. (Middle) <u>Duff</u>			c. (Last) <u>Prines</u>	
(Type or Print)			(Month) (Day) (Year) <u>4-23-1951</u>			6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 4 - 1885</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
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>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Whitson N. York</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jan Ashby</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Kenneth Luby Kennett Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cortic Stenosis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" 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)		21. HOW DID INJURY OCCUR?	
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"/>		4211			
22. I hereby certify that I attended the deceased from <u>4-22</u> , 19 <u>51</u> , to <u>4-23</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. T. Dunning</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>4-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-51</u>		REGISTRAR'S SIGNATURE <u>Carl Huskard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leahy Service Kennett, Mo.</u> ADDRESS			

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-24-51

COUNTY FILE NUMBER 451-118

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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.....

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.