

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16195

State File No.

 BIRTH NO. 13342-51 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 60

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> COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (Rural)</u>		c. LENGTH OF STAY (in this place) <u>3 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (Rural)</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ind. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cleta</u> b. (Middle) <u>Gaye</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22-1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb. 10-1951</u>	
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Kennett Mo. Rt. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wallace Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Eula Fern Allgood</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wallace Jones Kennett Mo. Rt. 1</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>Infectious enteritis</u> ANTECEDENT CAUSES DUE TO (b) <u>malnutrition</u> DUE TO (c) <u>Congenital deformity of gastro-intestinal tract.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>3 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7562</u>				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) (Min.)		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>Feb. 10, 1951</u> , to <u>May 22, 1951</u> , that I last saw the deceased alive on <u>May 22, 1951</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William H. Christmaney D.O.</u>				23b. ADDRESS <u>Box 426 Kennett, Mo.</u>		23c. DATE SIGNED <u>5-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo. MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-23-51</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lento Service Kennett Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0350

1

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-26-51
COUNTY FILE NUMBER 551-147...

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.