

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22598

352
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 78

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 OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett, Mo. 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp. Rural # 3</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Lil</u> c. (Last) <u>Justice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 15-1884</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper for Self</u>		9b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bill Peoples</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (City, no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Montana Robinson</u> ADDRESS <u>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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage with</u> ANTECEDENT CAUSES DUE TO (b) <u>Respiratory paralysis during</u> DUE TO (c) <u>Complete Hysterectomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION <u>7-19-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fibroid uterus; Heart beat good - Respiratory paralysis</u>	
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) _____	
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>July 16</u> , 19 <u>51</u> , to <u>July 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 19</u> , 19 <u>51</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul L. Miltnerberger M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>7-20-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to</u>	
24b. DATE <u>7-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>	
24d. LOCATION (City, town, or county) (State) <u>Corinth Miss.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin Service</u> ADDRESS <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-20-51</u>		REGISTRAR'S SIGNATURE <u>90</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-23-51
COUNTY FILE NUMBER 751-196

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 _____

working under my personal supervision. Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Edgar Lee Ford*
Licensed Embalmer No. *4433*

P. O. Address *Kennett mo*

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.