

FILED SEP 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 29898

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 99

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>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele, Mo. Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u> b. (Middle) <u>Gale</u> c. (Last) <u>Lack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Aug. 9, 1951</u>
9. AGE (In years last birthday) <u>18</u> Months <u>5</u> Days <u>18</u> Hours <u>5</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Steele, Mo. R.R.# 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Huston Lack</u>		13b. MOTHER'S MAIDEN NAME <u>Mable Austin</u>	
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) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sam H. Lack Steele, 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>atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>7620</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>Aug 10, 1951</u> , to <u>Aug 10, 1951</u> , that I last saw the deceased alive on <u>Aug 10</u> , 1951, and that death occurred at <u>11:05 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chester P. Beck M.D.</u>		23b. ADDRESS <u>201 College Kennett Mo.</u>	
23c. DATE SIGNED <u>Aug 11</u>		24a. BURIAL, CREMATION (Specify) <u>Burial</u>	
24b. DATE <u>8-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmanuel... Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-12-51</u>		REGISTRAR'S SIGNATURE <u>Carl Huston</u>	

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

03520

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-15-51
COUNTY FILE NUMBER 951-242

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.

Signed John W German

Signed
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.