

STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 20

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay - 0350</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) <u>JEAN</u> c. (Last) <u>VRIES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 29 51</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>MAY 12 1907</u>	
9. AGE (In years last birthday) Months Days Hours Min. <u>6 17</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>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>1</u>		13a. FATHER'S NAME <u>Rossett Vries</u>	
13b. MOTHER'S MAIDEN NAME <u>VEDE Pagitt</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)		16. SOCIAL SECURITY NO. <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>X Rossett Vries</u>		ADDRESS <u>Hornersville MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</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	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Whooping Cough</u>	
DUE TO (c)		2. 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>0561</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1</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) <u>10/29/51</u>	
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>4 P.M. 10/29/51</u> , to <u>10/29/51</u> , that I last saw the deceased alive on <u>10/29/51</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm Daniel MD</u>		23b. ADDRESS <u>Hornersville MO</u>	
23c. DATE SIGNED <u>10/30/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	
24b. DATE <u>10/30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harner</u>	
24d. LOCATION (City, town, or county) (State) <u>Harnersville MO</u>		DATE REC'D BY LOCAL REG. <u>11-8-51</u>	
REGISTRAR'S SIGNATURE <u>Bertha Kinsolving</u>		55. FUNERAL DIRECTOR'S SIGNATURE <u>W T Emery</u>	
ADDRESS <u>86</u>		ADDRESS <u>Jamesboro Ark</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT11-14-51.....

COUNTY FILE NUMBER 1151-313.....

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.....

Signed.....

Student Embalmer

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.