

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4501**

No. 300
10-48

PECK
FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. CITY (If outside corporate limits, write RURAL and give township) Kennett	
c. LENGTH OF STAY (in this place) 6 hrs.		d. STREET ADDRESS (If rural, give location) Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial Hosp.			
3. NAME OF DECEASED (Type or Print), a. (First) Barbara		b. (Middle) Sue	
		c. (Last) Stacey	
		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	8. DATE OF BIRTH Aug. 7th-1951
9. AGE (In years last birthday) 6		10. KIND OF BUSINESS OR INDUSTRY X	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		11. BIRTHPLACE (City and State or Foreign Country) Corning Ark.	
12. CITIZEN OF WHAT COUNTRY? /			

13a. FATHER'S NAME Van. V. Stacey	13b. MOTHER'S MAIDEN NAME Mabel Shelton	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Van V. Stacey	ADDRESS Kennett Mo. Rt. 1
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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		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Lobar		
	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 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Kennett Mo.
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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?
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22. I hereby certify that I attended the deceased from **Feb 21, 1952** to **Feb 22, 1952**, that I last saw the deceased alive on **Feb 22, 1952**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. R. Peck	(Degree or title) M.D.	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 2-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 23 - 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 2-26-52	REGISTRAR'S SIGNATURE Carl H. Hubert	25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service	ADDRESS Kennett Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-28-52

COUNTY FILE NUMBER 252-64

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 _____

Student Embalmer No. _____

working under my personal supervision.

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.