

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4510

No. 300
10. 48

~~7100~~ MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 15422 Registrar's No. 249

1. PLACE OF DEATH a. CITY <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>Near Kennett (Rural)</u> c. LENGTH OF STAY (in this place) <u>X</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb (Rural)</u> <u>1330</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died Enroute to Dunklin County Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lenuel</u>	b. (Middle) <u>Loal</u>	c. (Last) <u>Joiner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2nd-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 14-1920</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 12 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jessie Joiner</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Edmonds</u>	14. NAME OF HUSBAND OR WIFE <u>Vivian Joiner</u>
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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) <u>Yes War 11</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Vivian Joiner Holcomb Mo. Rt. 1</u>	ADDRESS _____
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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		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>32 Caliber Gunshot Wound in Heart</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Region . Death by unknown</u> DUE TO (c) <u>hands in gang fight .</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Holcomb Nite Club</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Holcomb Dunklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 2nd-1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot by unknown hands</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1.00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Houston</u> (Degree or title) <u>Coroner.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>2-19-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) ; <u>Kennett Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-19-1952</u>	REGISTRAR'S SIGNATURE <u>Paul Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Deslice</u> ADDRESS <u>Kennett Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

35
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-20-52

COUNTY FILE NUMBER ..252-57.....

MAY 22 1952
APR 20 1952

MAY 22 1952

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 Eugene 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.