

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

7915

State File No.

FILED MAR 24 1952

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 39

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

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>Kennett</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>1352</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>202 Hopper</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hazel</u>	b. (Middle) <u>Irene</u>	c. (Last) <u>Tracy</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3-9-1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>Mar. 7th-1952</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Kennett Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Tracy</u>	13b. MOTHER'S MAIDEN NAME <u>Hazel Dillion</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>No.</u>	16. SOCIAL SECURITY NO. <u>A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Tracy</u>	ADDRESS <u>202 Hopper Kennett Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral damage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral anoxia</u> 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	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)
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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? <u>/</u>
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22. I hereby certify that I attended the deceased from 7 Mar, 1952, to 9 Mar, 1952, that I last saw the deceased alive on Mar. 9th, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>3-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-52</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>3-14-52</u>	REGISTRAR'S SIGNATURE <u>Carl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... Service Kennett, Mo.</u> ADDRESS
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-19-50

COUNTY FILE NUMBER 352-77

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.