

FILED MAR 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8195

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stuckie</u> & 030	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Stalls Surgical Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Mamie Ellen</u> b. (Middle) <u>Keirn</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 4, 1885</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Howell Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lee Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Loy</u>		14. NAME OF HUSBAND OR WIFE <u>Father Ellen Keirn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Father Ellen Keirn - Stuckie Ark</u> ADDRESS _____	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis--uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>two week</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic bronchiectasis</u>			yrs _____
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis.</u>				

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>526X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
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 2/2/50, 19\_\_\_\_, to 3/7/52, 19\_\_\_\_, that I last saw the deceased alive on 3/7/52, 19\_\_\_\_, and that death occurred at 6:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Storr M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>3/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stalls Surgical Hospital</u>	
24d. LOCATION (City, town, or county) (State) <u>Fulton Co. Ark</u>		DATE REC'D BY LOCAL REG. <u>3-17-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379-0	
FUNERAL DIRECTOR'S SIGNATURE <u>Higginsham Funeral Home</u>		ADDRESS <u>Saline Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*J. W. Best*

Licensed Embalmer No. *629*

P. O. Address *Walnut Ridge, Tenn*

**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.**