

JUN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 5419 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Rural-Freeborn Twp.</u>		c. CITY OR TOWN <u>Rural-Holcomb Twp.</u>	
c. LENGTH OF STAY (in this place) <u>6 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rte. 1</u>			

3. NAME OF DECEASED a. (First) <u>DOSHA</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>CHAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 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>Aug. 16, 1878</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harman Champ</u>	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Huston Champ</u> ADDRESS <u>Clarkton, Rte. 1</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Pulmonary infection with renal fistula + ulceration</u>		<u>60 days.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic emaciation</u>		<u>unknown.</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 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) (Min.)		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 May 10, 1952, to May 15, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen H. Christensen, D.O.</u> (Degree or title)		23b. ADDRESS <u>Box 426, Kennett, Mo. 5-21-52</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Holcomb, Mo. Rt. 1</u>	

DATE REC'D BY LOCAL REG. <u>May 24 - 1952</u>		REGISTRAR'S SIGNATURE <u>Marguerite George D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

035

JUN 23 1954

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-28-52

COUNTY FILE NUMBER .552-137.

JUN 23 1954

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

Christina M. Lander

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.