

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

24090

State File No. _____

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5427 Registrar's No. 85

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kennett-Royal</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kennett-Independence Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R-2-Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>5 Me - N. 0357</u>	
3. NAME OF DECEASED a. (First) <u>Annie</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Dearing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-27-1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3. 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	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>Louis Dearing</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 ADDRESS <u>Mrs. H. B. Lewards - Kennett, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> 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	
19a. DATE OF OPERATION		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.)	
21a. ACCIDENT SUICIDE HOMICIDE		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"/>	
21d. TIME OF INJURY		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>52</u> , to <u>27 June</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>27 June</u> , 19 <u>52</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u>		23b. ADDRESS <u>201 College Kennett Mo.</u>	
23a. SIGNATURE		23c. DATE SIGNED <u>30 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29/52</u>	
24a. BURIAL, CREMATION, REMOVAL		24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>	
24a. BURIAL, CREMATION, REMOVAL		24d. LOCATION (City, town, or county) (State) <u>Kennett (Rural) MO</u>	
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Carl Huskard</u>	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl Balaban - Kennett, Mo.</u>	

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-2-52
COUNTY FILE NUMBER 752-172

AUG 30 1954

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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 [Signature]

Signed
Student Embalmer

Licensed Embalmer No. 7556

P. O. Address [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.