

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31224**

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 23

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| 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 <u>Campbell</u> | | c. CITY OR TOWN <u>Campbell</u> <u>0350</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>B</u> c. (Last) <u>Templeton</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8 - 1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan. 26, 1866</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months Days Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Mike BRANNAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>Isabella McLeskey</u> | | 14. NAME OF HUSBAND OR WIFE <u>W.A. TEMPLETON</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>The Mozley Pastor Ark.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>?</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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443X</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) m. | 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 9/4, 1952, to _____, 19____, that I last saw the deceased alive on 9/4, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

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|--|-------------------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>Wallace A. Helsey M.D.</u> | 23b. ADDRESS <u>Campbell Mo.</u> | 23c. DATE SIGNED <u>9/9/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9-10-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Campbell MO.</u> | | |

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|--|---|---|
| DATE REC'D BY LOCAL REG. <u>9/15/1952</u> | REGISTRAR'S SIGNATURE <u>Mrs. Jewel Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Russell Piggott Ark.</u> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

0350
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-23-52
COUNTY FILE NUMBER 952-262

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.....

Lurray & Tyler

working under my personal supervision.

Student Embalmer No. 469

Signed.....

Leshie D. Russell

Licensed Embalmer No. 3855

Signed.....

Lurray & Tyler

Student Embalmer

P. O. Address *Corning Ark*

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.