

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38667**

LED NOV 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pemscot</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>6 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del. 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Gen. Del. 0780</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Freddie</u> c. (Last) <u>Marchbanks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 21-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Aug 7-1896</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo, U.S.A.</u>	
12. COUNTRY OF WHAT COUNTRY?		13a. FATHER'S NAME <u>William Marchbanks</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Robard</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War #1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Marchbanks</u> ADDRESS <u>Bragg City Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cerebrovascular Disease</u>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>Nov. 21, 1953</u> , to <u>Nov. 21, 1953</u> , that I last saw the deceased alive on <u>Nov. 21, 1953</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. H. Summers M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-24-53</u>		REGISTRAR'S SIGNATURE <u>Carla Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Luiz Dinkert</u>		ADDRESS <u>Kennett Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-25-52
COUNTY FILE NUMBER 1153-29

DEC 14 1952
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar Reed

Licensed Embalmer No. 4433

P. O. Address Kennett 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.