

FILED MAY 19 1954

## STANDARD CERTIFICATE OF DEATH

15426

State File No. ....

BIRTH NO. 29137-54 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 65

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>Kennett</u>		c. CITY OR TOWN <u>Gabler</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 Day</u>		e. STREET ADDRESS (If rural, give location) <u>Star Rt. 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) (First) <u>George</u> (Middle) <u>Andrew</u> (Last) <u>Mashburn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 6-1954</u>
9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Kennett Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
12a. FATHER'S NAME <u>James Mashburn</u>		13b. MOTHER'S MAIDEN NAME <u>Inogene Joyce</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>James Mashburn Gabler, Mo.</u> ADDRESS <u>-</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Presnativity</u>		
		DUE TO (c) <u>-</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 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 May 6, 1954, to May 7, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chester P. Beck M.D.</u>		23b. ADDRESS <u>Kennett, Mo</u>	23c. DATE SIGNED <u>5-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wadell Mo</u>
DATE REC'D BY LOCAL REG. <u>5-12-54</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u> ADDRESS <u>4050</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz Service</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 H

DEPARTMENT ..... 5-18-57

COUNTY FILE NUMBER 554

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**