

No. 300
10:48

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18472

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 3420 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Holcomb Twp.		c. CITY OR TOWN Rural-Union Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5 1/2 mi. South West of Campbell		f. STREET ADDRESS (If rural, give location) Campbell, Rte. 3	

3. NAME OF DECEASED (Type or Print) a. (First) ADRIAN b. (Middle) J. c. (Last) DEES			4. DATE OF DEATH (Month) (Day) (Year) June 4 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14, 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Days 1 IF UNDER 24 HRS. Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Work & Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Dees		13b. MOTHER'S MAIDEN NAME Mary Jo Redmond		14. NAME OF HUSBAND OR WIFE Alida Dees	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-18-6870	17. INFORMANT'S SIGNATURE OR NAME James Dees, Campbell, Mo. R. 3		ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	ANTECEDENT CAUSES Morbidity 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	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver (Degree or title) Coroner, Dunklin County	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 6/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Wilhelmina, Missouri
DATE REC'D BY LOCAL REG. 6/23/54	REGISTRAR'S SIGNATURE J. Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-29-54
COUNTY FILE NUMBER 654-182

JUN 30

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 Christina M. Landess

Licensed Embalmer No. 422

P. O. Address Campbell,

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.