

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30207

State File No.

FILED SEP 20 1954

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tenn. b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett Mo.		c. LENGTH OF STAY (in this place) 1 Hr.	c. CITY OR TOWN Memphis Tenn.
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		STREET ADDRESS (If rural, give location) 8-410 S	
3. NAME OF DECEASED (Type or Print) a. (First) Bowling	b. (Middle) Fisher	c. (Last) Mann	4. DATE OF DEATH (Month) (Day) (Year) Aug. 30-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 19-1895
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR (Month) (Day) 11	IF UNDER 24 HRS. (Hour) (Min.)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Brownsville Tenn
13a. FATHER'S NAME Vernon Mann		13b. MOTHER'S MAIDEN NAME Florence Fisher	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War 1	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME A.J. Bruce ADDRESS Kennett Mo.	
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) arteriosclerotic heart dis & congestive heart failure 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 Bronchiectasis Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH years years
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 July 6, 1954 , to Aug 30, 1954 , that I last saw the deceased alive on Aug 30, 1954 , and that death occurred at 7:00 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joe A. Zimmerman M.D.		23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 8-31-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-54	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	24d. LOCATION (City, town, or county) (State) Brownsville Tenn.
DATE REC'D BY LOCAL REG. 8-31-1954	REGISTRAR'S SIGNATURE Carl Thurman	25. FUNERAL DIRECTOR'S SIGNATURE Norrisz Service	ADDRESS Memphis Tenn.

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT..... 9-15
COUNTY FILE NUMBER 951-

SEP 22 1954

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 *Edgar Lee Ford*
Licensed Embalmer No. 443

P. O. Address *Kennett*

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.