

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33497

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>134</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Independence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile E. Scobyville</u>				e. STREET ADDRESS (If rural, give location) <u>1 Mile E. Scobyville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peggy</u> b. (Middle) <u>Sue</u> c. (Last) <u>Ross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 1954</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No</u>	8. DATE OF BIRTH <u>Oct. 22, 1948</u>		9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>6 Miles S. Kennett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Rayburn Ross</u>			13b. MOTHER'S MAIDEN NAME <u>Dixie Bonfield</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rayburn Ross</u>		ADDRESS <u>Kennett, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal fracture of Skull</u>					INTERVAL BETWEEN ONSET AND DEATH <u>instant</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. <u>E9121 3</u>							
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Dunklin Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 18, 1954 9 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Cultivator fell on Baby</u>				
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 _____ <u>9a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Quintoy Tamer, Coroner</u>				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>10-22-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>oct. 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-22-54</u>		REGISTRAR'S SIGNATURE <u>9070</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leah Husband Leuk Service Kennett, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT ..... 10-2

COUNTY FILE NUMBER 10

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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 *Edgar Lee Fournier*

Licensed Embalmer No. *44*

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.