

STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1955

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 31

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mauden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mauden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	
3. NAME OF DECEASED (Type or Print) <u>Betty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov - ?</u>	
9. AGE (In years last birthday) <u>93</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Gabby Arthur</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cheta Swain (Dau)</u> ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease of the Aortic Valve</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>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-11</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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>Mar. 31, 1954</u> , to <u>Nov. 24, 1954</u> , that I last saw the deceased alive on <u>Nov. 24, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>P. O. Kelley D.D.</u> (Degree or title)		23b. ADDRESS <u>Bernie, Mo.</u>	
23c. DATE SIGNED <u>12-13-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mauden Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Mauden, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bragg Funeral Home</u> ADDRESS <u>W. S. Schaeffer</u>	
DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>J. S. Schaeffer</u> 87-1	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1155

COUNTY FILE NUMBER 155

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 Mr

DON DE RYENS

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J.B. Greig

Licensed Embalmer No. 533

P. O. Address Jenestown, Ark

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.