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

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44394

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin Co. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holcomb Mo. 0350
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lola
b. (Middle): Belle
c. (Last): Laxton

4. DATE OF DEATH (Month) (Day) (Year): 12-16-54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 15 1866
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Crisp
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J.D. Martin — **ADDRESS**: Holcomb 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: Dec 14 1954

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular H.D.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4-22-1F

19a. DATE OF OPERATION: 12-13-54
19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric Fracture rt hip
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dunklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 11 54 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Pt. fell

22. *I hereby certify that I attended the deceased from* 12-11, 19 54 *to* 12-13, 19 54, *that I last saw the deceased alive on* 12-13, 19 54 *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul C. Mittenberger (Degree or title): M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 3-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-54
24c. NAME OF CEMETERY OR CREMATORY: Pine City
24d. LOCATION (City, town, or county) (State): Holcomb Mo

DATE REC'D BY LOCAL REG.: 3-17-55
REGISTRAR'S SIGNATURE: Earl Hershberger
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Russell Piggott — **ADDRESS**: Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-19-55
COUNTY FILE NUMBER 3-55-8

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 Orlie Rex Cate, Student Embalmer No. 519 working under my personal supervision.

Student Orlie Rex Cate
Student Embalmer

Signed Leroy J. Tyler
Licensed Embalmer No. 1001 Ark.
P. O. Address Piggott 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.