

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **731**BIRTH NO. _____ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **4180** Registrar's No. **47**

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) Campbell		c. LENGTH OF STAY (In this place) 4 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 600 South Maim	
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle) ---	
c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) January 6, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-10-1867
9. AGE (In years last birthday) 87		10. MONTHS 9	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Pitman, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J. L. Lacy		13b. MOTHER'S MAIDEN NAME Mary Smith	
14. NAME OF HUSBAND OR WIFE Richard Hall			
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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B. F. Thompson Campbell 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
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) (m.)		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 5/17 , 19 54 , to 1/27 , 19 54 , that I last saw the deceased alive on 1/27 , 19 54 , and that death occurred at 6:20 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wallace A. Selsy M.D.		23b. ADDRESS Campbell Mo.	
23c. DATE SIGNED 1/17/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-1955	
24c. NAME OF CEMETERY OR CREMATORY Maynard		24d. LOCATION (City, town, or county) (State) Maynard, Arkansas	
DATE REC'D BY LOCAL REG. 1-24-55		REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	
25. FUNERAL DIRECTOR'S SIGNATURE McNabb Funeral Home		ADDRESS Pocahontas, A. k.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAD

DEPARTMENT 1-31-55

COUNTY FILE NUMBER 1-55-

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.....

Jerry E. Cravens

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Jerry E. Cravens

Licensed Embalmer No. A rkansas 992

P. O. Address Pocahontas, Ark.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.