

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8941**

BIRTH NO. 15872-55 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived prior to institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lilbourn</u>		c. CITY OR TOWN <u>Kennett</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <u>2016 Olive St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lilbourn Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jetalee</u>	b. (Middle)	c. (Last) <u>Stracener</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 17 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 17 1955</u>	9. AGE (In years last birthday) <u>20</u>	10. UNDER 1 YEAR Months <u>20</u> Days <u>0</u>	11. UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lilbourn, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clifton Stracener</u>	13b. MOTHER'S MAIDEN NAME <u>F. Loidia Marrow</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C.T. Stracener</u>	ADDRESS <u>2016 Olive St. Kennett, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>5 or 6 month premature</u>		INTERVAL BETWEEN ONSET AND DEATH
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>7760 X</u>
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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
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22. I hereby certify that I attended the deceased from March 17, 1955 to March 17, 1955, that I last saw the deceased alive on March 17, 1955, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Claude H. Chastain, M.D.</u> (Degree or title)	23b. ADDRESS <u>Lilbourn, Mo.</u>	23c. DATE SIGNED <u>4-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kennett</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-10-55</u>	REGISTRAR'S SIGNATURE <u>H. I. Sonder Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friender</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.