

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11462

State File No. _____

FILED-APR 29 1955

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 59

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>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is 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) <u>1 Week</u>		e. STREET ADDRESS (If rural, give location) <u>215 Baker Drive</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u> b. (Middle) <u>McHaney</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23rd-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 22, 1892</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Days <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francis Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Dr. H.A. McHaney</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>L.H. Moore</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.H. Moore 215 Baker Dr. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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"/>
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 Sept, 1954, to 23 apr, 1955, that I last saw the deceased alive on 23 apr, 1955, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joe A. Zimmerman, M.D.</u>		23b. ADDRESS <u>201 College Kennett, Mo.</u>		23c. DATE SIGNED <u>25 apr 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-25-55</u>	REGISTRAR'S SIGNATURE <u>Carl Husban</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lentz Service Kennett Mo.</u>		

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

MAY 20 1956

OCT 2 1956

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 4-27-5
COUNTY FILE NUMBER 4.55

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *Edward J. ...*

Licensed Embalmer No.. 4433...

P. O. Address Kennett Mo.

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.