

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15082

State File No.

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>HUNKLIN</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>HUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (in this place) <u>424+5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 - E. First St</u>				d. STREET ADDRESS (If rural, give location) <u>1303 - 1st. Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
(First) <u>Nancy</u>	(Middle) <u>CARLTON</u>	(Last) <u>STOUT</u>	(Month) <u>MAY</u>	(Day) <u>6</u>	(Year) <u>1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-14-1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
					Month	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home maker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenfield, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DAVID CROCKET</u>		13b. MOTHER'S MAIDEN NAME <u>CARLTON SARAH CANTRELL</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cora Mae Miller-Jones</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>				<u>3 wks</u>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Generalized Atherosclerosis</u>					
		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 <u>4500</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) (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 <u>April 10, 1955</u> , to <u>May 6, 1955</u> , that I last saw the deceased alive on <u>May 6, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. H. ...</u>				23b. ADDRESS <u>Kenett, Mo</u>		23c. DATE SIGNED <u>5/12/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dark Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kenett, MO</u>		
DATE REC'D BY LOCAL REG <u>5-16-1955</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jacob ...</u>		ADDRESS	

RECEIVED DUNKLIN COUNTY HEAD
DEPARTMENT 5-16-57
COUNTY FILE NUMBER 555-

JUL 28 1957

JUN 9 1957

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 _____
Student Embalmer

Signed A. Balman

Licensed Embalmer No. 2556

P. O. Address Keeneth, D.

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

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