

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18190

State File No.

FILED JUN 29 1955

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4175 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Hornersville</u>	c. LENGTH OF STAY (in this place) <u>64 yrs</u>	c. CITY OR TOWN <u>Hornersville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hornersville, Gendel</u>		f. STREET ADDRESS (If rural, give location) <u>Hornersville Gen. Del</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u>	b. (Middle)	c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 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>Widowed</u>	8. DATE OF BIRTH <u>April 4, 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hornersville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Bibs</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>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Lee Brustain</u>	ADDRESS <u>Hornersville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerotic heart disease myocardial infarction</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>4200</u>			

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)
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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, 1954, to June 10, 1955, that I last saw the deceased alive on June 10, 1955, and that death occurred at 9:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eberly M. D.</u> (Degree or title)	23b. ADDRESS <u>Senath, Mo</u>	23c. DATE SIGNED <u>6-14-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-14/55</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinsobring</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson Son</u>	ADDRESS <u>Jonesboro, Ark.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED DUNSMUIR COUNTY
DEPARTMENT 6-27
COUNTY FILE NUMBER 6

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..... *Tom Tyler Emerson*
Licensed Embalmer No. 895
P. O. Address *Jonistown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.