

FILED DEC 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36422

BIRTH NO. 86276-55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 153

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 OR TOWN KENNETT.		c. CITY OR TOWN KENNETT	
c. LENGTH OF STAY (in this place) D.O.A.		d. In 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 DUNKLIN MEMORIAL HOSP.		e. STREET ADDRESS (If rural, give location) 204 EAST 5TH ST. 0303	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) MARY c. (Last) HAVES		4. DATE OF DEATH (Month) (Day) (Year) NOV 25, 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH NOV. 9, 1955	
9. AGE (In years last birthday) 16		IF UNDER 1 YEAR: Months 16 Days 16 Hours 16 Min. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State or Foreign Country) KENNETT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CLIFTON HAVES		13b. MOTHER'S MAIDEN NAME PATSY HARRIS.	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CLIFTON HAVES.		ADDRESS KENNETT, MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia			INTERVAL BETWEEN ONSET AND DEATH one day
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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"/>		76 30	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clifton Haves, Colonel, Dunklin County		23b. ADDRESS Kennett, Mo.	
23c. DATE SIGNED 11-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 27, 1955	
24c. NAME OF CEMETERY OR CREMATORY OAK RIDGE		24d. LOCATION (City, town, or county) (State) KENNETT, MISSOURI	
DATE REC'D BY LOCAL REG. 11-8-1955		REGISTRAR'S SIGNATURE Carl H. ...	
25. FUNERAL DIRECTOR'S SIGNATURE BALDWIN FUNERAL SERVICE INC.		ADDRESS KENNETT, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-5-55

COUNTY FILE NUMBER 1255-

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 *Leamon R. Birmingham*
Licensed Embalmer No. 496

P. O. Address *Leamouth*

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.