

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **885**

BIRTH NO. _____		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 5417		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Dunklin			
b. CITY OR TOWN Babler		c. LENGTH OF STAY (in this place) 3 mo		c. CITY OR TOWN Babler		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) Star Rt 1 03j 0			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Ellis c. (Last) Kearsey			4. DATE OF DEATH (Month) (Day) (Year) 1-5-56				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-8-1914		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 2 Days 27	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Elsonora Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edw Kearsey		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Dorothy Mae Kearsey			
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. _____		17. INFORMANT'S SIGNATURE OF NAME Alford Kearsey ADDRESS St Louis Mo			
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) Basal Fracture of Skull					None	
	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) _____						
	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 9121				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) Clay Twp. (COUNTY) Dunklin (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 5, 1956 2P m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? While Disking with Tractor it turned over.			
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 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Quinton Tarden				23b. ADDRESS Dunklin County, Kennett, Mo.		23c. DATE SIGNED 1-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-56	24c. NAME OF CEMETERY OR CREMATORY Quelin Cem		24d. LOCATION (City, town, or county) (State) Quelin Mo		
DATE REC'D BY LOCAL REG. 1-12-56		REGISTRAR'S SIGNATURE Sue Galenske 523-0		25. FUNERAL DIRECTOR'S SIGNATURE Benson Malt Co. ADDRESS Stude Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1958

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-16-56

COUNTY FILE NUMBER 156-4

SEP 11 1958

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 *John H. German*

Licensed Embalmer No. 435

P. O. Address *Hayti*

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.