

FILED MAY 21 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

17100

State File No. _____

BIRTH NO. 31913-56 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 160670

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> <u>0670</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. James</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. James Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles E. of East Prairie,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home /</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1956</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dianna</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Weems</u>			5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>April 13, 1956</u>		9. AGE (In years last birthday) <u>XXXXXX</u> <u>XXXX</u> <u>1</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) <u>East Prairie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Bobby Weems</u>		13b. MOTHER'S MAIDEN NAME <u>Eloise Chavers</u>		14. NAME OF HUSBAND OR WIFE - - - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bobby Weems Rt. 2 East Prairie, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Icterus Neonatorum.</u> INTERVAL BETWEEN ONSET AND 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 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. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		7852	
22. I hereby certify that I attended the deceased from <u>April 13, 1956</u> , to <u>April 14, 1956</u> , that I last saw the deceased alive on <u>April 14, 1956</u> , and that death occurred at <u>2 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>London O. Campbell M.D.</u>			23b. ADDRESS <u>East Prairie Mo</u>		23c. DATE SIGNED <u>4-30-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-10-56</u>		REGISTRAR'S SIGNATURE <u>Bertrude L. Harper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Well Co. E. Prairie Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—HAND & MACHINE

RECEIVED

Miss. Co. Health Dep

County File No. MAY

Date Filed MAY 7 195

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 J. E. McNeill

Licensed Embalmer No. 4695

P. O. Address E. Prairie, Mo

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

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