

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26451

FILED SEP 10 1956

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 120

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KENNETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>813 EMERSON ST.</u>			Length of stay in 1b <u>12 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>813 EMERSON</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>VIRGIE MAE</u> Last <u>JONES</u>				4. DATE OF DEATH Month <u>AUG</u> Day <u>15</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 8, 1889</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOMEMAKING</u>	11. BIRTHPLACE (City and state or country) <u>BOLLINGER COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>BENTON SITZES</u>				14. MOTHER'S MAIDEN NAME <u>MARY VOUNT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>JOHN W. JONES, KENNETT, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma stomach</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 MO.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>151X</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____			20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY _____	
20f. STATE _____		21. I attended the deceased from <u>Mar 1, 1956</u> to <u>Aug 15</u> and last saw her <u>alive</u> on <u>Aug 15</u> Death occurred at <u>1:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Typed or title) <u>Chester R. Leck M.D.</u>				22b. ADDRESS <u>Kennett, Mo</u>		22c. DATE SIGNED <u>Aug 20, 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG 16, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		23d. LOCATION (City, town, or county) <u>KENNETT, MO.</u>		
24. FUNERAL DIRECTOR <u>BALDWIN FUNERAL SERVICE</u> ADDRESS <u>KENNETT</u>			25. DATE RECD. BY LOCAL REG. <u>8-24-1956</u>		26. REGISTRAR'S SIGNATURE <u>Earl H. ...</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 9-4-56

COUNTY FILE NUMBER 952-3

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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 *Leoman R. Cunningham*.....

Licensed Embalmer No. *496*

P. O. Address *Kennett*.....

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.