

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30302**

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY - Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Length of stay in lb 2 Days	d. STREET ADDRESS 100 Madison St	
3. NAME OF DECEASED (Type or print) Mamie Reagan			4. DATE OF DEATH Sept 22- 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28- 1884	9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Malden Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W.A. Southern			14. MOTHER'S MAIDEN NAME Sarah Cartwright		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. XX		16. SOCIAL SECURITY NO. 494-03-2213	17. INFORMANT Opal Trantham- Rector Ark.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 4 days 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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.) 4201			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from Sept 1954 to Sept. 22, 1956 and last saw her alive alive on Sept 22, 1956 Death occurred at 9:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles J. Mumma (Degree or title) M.D.			22b. ADDRESS Kennett Mo.		22c. DATE SIGNED 9-23-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-24-56	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Kennett Mo.
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.		25. DATE RECD. BY LOCAL REG. 9-24-1956	26. REGISTRAR'S SIGNATURE Earl Husband

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1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ...10-1-56...
COUNTY FILE NUMBER 1056-388

OCT 3 1956

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 *Edgar Lee Howard*

Licensed Embalmer No. *448*

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.