FILED NOV 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33546

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 143

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malden
d. STREET ADDRESS (If rural, give location): 312 West Howard

0351

3. NAME OF DECEASED (Type or Print)
a. (First): GROVER
b. (Middle): CLEVELAND
c. (Last): McCUTCHEN

4. DATE OF DEATH (Month) Oct. (Day) 16 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 16 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles McCutchen
13b. MOTHER'S MAIDEN NAME: Nancy Elizabeth Taylor
14. NAME OF HUSBAND OR WIFE: Deceased

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.: 498-10-1852
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Chas. Bulla Kennett — ADDRESS: Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer left lung — INTERVAL BETWEEN ONSET AND DEATH: 1-6 mo.

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: 163 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 8, 19 56 *to* Oct. 16, 19 56 *that I last saw the deceased alive on* Oct. 15, 19 56 *and that death occurred at* 5:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Baldwin M.D.
23b. ADDRESS: Kennett Mo.
23c. DATE SIGNED: 10-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 18 1956
24c. NAME OF CEMETERY OR CREMATORY: Four Mile Cemetery
24d. LOCATION (City, town, or county) (State): Campbell Missouri

DATE REC'D BY LOCAL REG.: 10-22-56
REGISTRAR'S SIGNATURE: Earl Hudson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Landess Funeral Home Campbell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAL

DEPARTMENT 10-30-5

COUNTY FILE NUMBER 1056

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 Christina M Landers

Licensed Embalmer No. 4227

P. O. Address Campbell M.

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.