

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

815

STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</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 Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) length of stay in lb HOSPITAL OR INSTITUTION <u>Dunklin Memorial</u> <u>5 Days</u>			d. STREET ADDRESS (If outside, give location) <u>905 Whitney</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>—</u> Last <u>Lemons</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>3rd</u> Year <u>1957</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>April 24-1880</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and state or country) <u>Union City Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Jim Doss</u>			14. MOTHER'S MAIDEN NAME <u>Medie Bradford</u>		
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. <u>None</u>	17. INFORMANT Address <u>Lillie Bledsoe 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>Whe Compensated Post</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>4343</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9-1-56</u>
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.) <u>—</u>		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>	STATE <u>—</u>
21. I attended the deceased from <u>6-6-1950</u> , to <u>Jan 3-1957</u> and last saw her alive on <u>1-3-57</u> Death occurred at <u>4:30A m on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE (Degree or title) <u>Paul Bledsoe M-10</u>		22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>1-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett Rt. 2 Mo.</u>	
24. FUNERAL DIRECTOR <u>Lentz Service</u>		ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 4-1957</u>	26. REGISTRAR'S SIGNATURE <u>Carl J. Lushan</u>

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Services
300
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 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 1-8-57
COUNTY FILE NUMBER 157-

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 Reed Taylor*

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

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.