FILED MAR 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4213
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dunklin County Hosp. — Length of stay in Ib 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Kennett 0352 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 910A E. 3rd Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First KOTZ Middle ALLEN Last PSALMONDS

4. DATE OF DEATH: Month Feb. Day 21 Year 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH: Aug. 23 1900
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months 5 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Wheatley Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H, Psalmonds
14. MOTHER'S MAIDEN NAME: Jennie Harvey

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. 499-22-8824
17. INFORMANT: James Psalmonds Address: Malden, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE-(a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 days
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): Decompensation of heart

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 14, 1957 to Feb 21-57 and last saw him alive on Feb 21-57
Death occurred at 3:10p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. R. Peele (Degree or title) M. D.
22b. ADDRESS: Kennett, Mo
22c. DATE SIGNED: 2/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 24 1957
23c. NAME OF CEMETERY OR CREMATORY: Qulin Cemetery
23d. LOCATION (City, town, or county) (State): Qulin Missouri

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home Campbell, Mo.
25. DATE RECD. BY LOCAL REG.: 2-27-57
26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-4-57
COUNTY FILE NUMBER 357-61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Christine M. Lendes

Licensed Embalmer No. 4-2

P. O. Address Campbell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.