

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elk</u>		c. CITY OR TOWN <u>Catron</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 miles N. of Catron</u>		Length of stay in lb d. STREET ADDRESS <u>1 1/2 miles N. of Catron</u>	

3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Pearl</u> Last <u>Dawkins</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>30</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</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 3 1920</u>	9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kosciusko, Miss. /</u>	
13. FATHER'S NAME <u>Ernest Adams</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
14. MOTHER'S MAIDEN NAME <u>Hattie Mitchell</u>			17. INFORMANT <u>Frank Dawkins-Catron, Mo. R. 1</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>		Address	

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>cirrhosis of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u>		
DUE TO (c)		
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.) <u>0</u>		
20c. TIME OF INJURY Hour. <u>11:00</u> Month. <u>3</u> Day. <u>57</u> 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 <u>Catron</u>		COUNTY <u>Mo.</u> STATE <u>R. 1</u>	

21. I attended the deceased from 11:00 2-3-57 to 1-30-57 and last saw her/him alive on 1-30-57. Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. Emerson D. O.</u> (Degree or title)		22b. ADDRESS <u>Marion Mo</u>		22c. DATE SIGNED <u>2-1-57</u>	
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23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Catron, Mo.</u>	
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24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-28-57</u>		26. REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>	
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(Licensed Embalmer's Statement on Reverse Side)

1030
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-56
Director, coronator, etc. must use only standard nomenclature in item 18. No symptoms with no disease. 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

James O. Cameron
Milled, Mo

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 David L. Ponder, Student Embalmer No. 55 working under my personal supervision..

Student David L. Ponder
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 33

P. O. Address Tilbourn

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.