

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8143

STATE FILE NUMBER

FILED MAR 21 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 47

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10-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hornersville</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial</u>		Length of stay in lb <u>14 hrs</u>	d. STREET ADDRESS <u>Rural Rt. 1</u>		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Donna</u> Middle <u>Gene</u> Last <u>James</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>8th</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 5th-1955</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and state or country) <u>Hornersville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Charles James</u>			14. MOTHER'S MAIDEN NAME <u>Ina McMullen</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) <u>No</u>		16. SOCIAL SECURITY NO. <u>K X</u>	17. INFORMANT <u>Imogene McMullen</u> Address <u>Hornersville, 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>Third Degree Burns</u>					INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>9160</u>
DUE TO (c) <u>16</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>16</u>					19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20a. ACCIDENT <input checked="" 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>House burned down over her.</u>			
20c. TIME OF INJURY Hour <u>2:00</u> Month <u>3</u> Day <u>8</u> Year <u>57</u> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Hornersville rural Dunklin Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>6:00 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Quintoy Tarver</u>			22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>3-11-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-9-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Horners Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hornersville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lentz Service</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-1957</u>		26. REGISTRAR'S SIGNATURE <u>Carl Thurman</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 3-20-
COUNTY FILE NUMBER 35

STATEMENT BY LICENSED EMBALMER

not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Edgar Lee Fox*

Licensed Embalmer No. *44*

P. O. Address *Lebanon*

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.