

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16642
STATE FILE NUMBER

FILED JUN 3 1957

29385-57 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 0351 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNKLIN CO. MEMORIAL		Length of stay in lb 12 hrs.	d. STREET ADDRESS (If outside, give location) 316 S. Douglas Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle EVETT Last JACKSON		4. DATE OF DEATH Month MAY Day 20 Year 1957	
5. SEX Female 3	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1957
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) MALDEN, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN	
14. MOTHER'S MAIDEN NAME PEARLINE JACKSON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address PEARLINE JACKSON MALDEN, MO...	
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 right lobar lobe, type undetermined Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 76.30			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 76.30	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from 5-20-57 to 5-20-57 and last saw her alive on 5-20-57 Death occurred at 12:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Sumner Tamer, M.D.		22b. ADDRESS Kennett, Missouri	22c. DATE SIGNED 5-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 21, 1957	23c. NAME OF CEMETERY OR CREMATORY STANFIELD	23d. LOCATION (City, town, or county) (State) CLARKTON, MO
24. FUNERAL DIRECTOR ADDRESS DAY FUNERAL HOME MALDEN, MO.		25. DATE RECD. BY LOCAL REG. 5-23-1957	26. REGISTRAR'S SIGNATURE Carl Hubbard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
V. 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 casually related. Coroner cannot certify to a death due to natural causes.

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RECEIVED DUNKLIN COUNTY.

DEPARTMENT 5-28

COUNTY FILE NUMBER 55

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *J. S. Schuman*
Licensed Embalmer No. 40

P. O. Address *Malden*

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