

FILED SEP 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27915**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3014		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Dunklin Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kennett		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN Kennett		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res.				e. STREET ADDRESS (If rural, give location) 325 Legion St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Delia		b. (Middle) _____		c. (Last) Street	
4. DATE OF DEATH		(Month) July		(Day) 14		(Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 9 1892	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Maraduke Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Jim Livingston		13b. MOTHER'S MAIDEN NAME Lee Depoe	
14. NAME OF HUSBAND OR WIFE Noah Leonard Street				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Noah Street				ADDRESS Kennett, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH months	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 1957 , to 14 July 1957 , that I last saw the deceased alive on 14 July 1957 , and that death occurred at 4:10 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.				23b. ADDRESS Kennett Mo.		23c. DATE SIGNED 20 Aug 57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/15/1957		24c. NAME OF CEMETERY OR CREMATORY Liberty		24d. LOCATION (City, town, or county) (State) Kennett Rt. 1 Mo.	
DATE REC'D BY LOCAL REG. 8-30-57		REGISTRAR'S SIGNATURE Earl H. Harkness		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service Senath, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY, H
DEPARTMENT 9-3-5
COUNTY FILE NUMBER 957

MS JAN 15 1960

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 *Robert B. Baird*.....
Licensed Embalmer No. *4988*
P. O. Address *Kennett*

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.