

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27933**

FILED SEP 13 1957

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 5423		Registrar's No. 13			
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY Franklin					
b. CITY OR TOWN Salmon		c. LENGTH OF STAY (in this place) 6 Days		c. CITY OR TOWN Beaumont		d. Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) Rt. 6750					
3. NAME OF DECEASED (Type or Print) a. (First) DORIS b. (Middle) RAY c. (Last) SESSEMS			4. DATE OF DEATH (Month) (Day) (Year) 9-6-1957						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>		8. DATE OF BIRTH 8/31/1957			
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months — Days 6		IF UNDER 12 HRS. Hours — Min. —		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Leachville Ark		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Everett Sessems			13b. MOTHER'S MAIDEN NAME Mrs Martha Nancy			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Everett Sessems ADDRESS Rt. 1341 D. MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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 8-31-57 to 9-6-1957 , that I last saw the deceased alive on 9-2-1957 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE D. H. Rodman MD (Degree or title)				23b. ADDRESS Leachville		23c. DATE SIGNED 9 Sept 57			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/7/1957		24c. NAME OF CEMETERY OR CREMATORY Prophantes		24d. LOCATION (City, town, or county) (State) Prophantes Ark.			
DATE REC'D BY LOCAL REG. 9-7-57		REGISTRAR'S SIGNATURE Mrs J. H. Rancier		25. FUNERAL DIRECTOR'S SIGNATURE Conrad E. ... ADDRESS ...					

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

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RECEIVED BUNKLIN COUNTY HEALTH
DEPARTMENT 9-10-57
COUNTY FILE NUMBER 957-2

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 *[Signature]*.....

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ga.

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.