

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32854**

W. J. L. W.
FILED SEP 18 1957

BIRTH NO. _____ REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **5910** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Tennessee b. COUNTY Dyer	
b. CITY (If outside incorporated city or town) Pemiscot Twp. Rural Steele		c. CITY OR TOWN Dyersburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 Days		e. STREET ADDRESS (If rural, give location) Rural Route 2	
3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) Lee c. (Last) Hunt			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 13, 1948
9. AGE (In years last birthday) 13		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	11. BIRTHPLACE (City and State or Foreign Country) Steele, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ray Hunt		13b. MOTHER'S MAIDEN NAME Bertha Hall	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Hunt R. 1 Steele, 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) Gun-shot wound in thoracic cavity 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.	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Farm Home	21c. CITY OR TOWN (COUNTY) (STATE) Steele Pemiscot Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 25, 1957 9A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidentally shot by her Sister	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>James A. Johnson</i> Coroner		23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 8-25-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-26-57	24c. NAME OF CEMETERY OR CREMATORY Church Grove	24d. LOCATION (City, town, or county) (State) Dyersburg, Tenn.
DATE REC'D BY LOCAL REG. 9-9-57	REGISTRAR'S SIGNATURE <i>Jessie B. Wilkes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS German Funeral Home, Steele, Mo.	

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

247

9-249-57

SEP 16 1957

PERMISCOOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, 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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed, *Robert W. Brown*

Licensed Embalmer No. *4792*

P. O. Address *Steel, Mo.*

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.