

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

35317

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 150

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 Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kennett Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>201 Jones St.</u>		Length of stay in 1b <u>1 Year</u>	d. STREET ADDRESS <u>201 Jones St</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Florence</u> Middle <u>Maud</u> Last <u>Henry</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>3rd</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 1- 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (City and state or country) <u>Near Evansville Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13. FATHER'S NAME <u>J.C. Douglas</u>			14. MOTHER'S MAIDEN NAME <u>Ollie Hardin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>489-30-8988</u>	17. INFORMANT <u>Mrs. Ethel Brewer</u> Address <u>Kennett 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>Influenza "Asian"</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>481X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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.) _____				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	20d. INJURY OCCURRED WHILE AT WORK <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 <u>NOV. 2-57</u> to <u>NOV. 3-57</u> and last saw her alive on <u>NOV. 2-57</u> Death occurred at <u>3.00A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paul Baldery</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>Nov 8-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11.5.57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Francis Ark.</u>	
24. FUNERAL DIRECTOR <u>Lentz Service</u> ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-1957</u>	26. REGISTRAR'S SIGNATURE <u>Paul Baldery</u>		

(Licensed Embalmer's Statement on Reverse Side)

300
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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-12-57

COUNTY FILE NUMBER 1157

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 *Edgar Bullard*
Licensed Embalmer No. 4431

P. O. Address Kennett, Mo.

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.