

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39797

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 164

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			c. CITY OR TOWN Rural-Freeborn twp.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hospital			d. STREET ADDRESS (If outside, give location) Clarkton, Rte. 1		
3. NAME OF DECEASED (Type or print) First MAYME Middle BERYL Last ALLEN			4. DATE OF DEATH Month Nov. Day 18 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH May 22, 1890	9. AGE (In years) 67	
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 country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Cartwright		13b. MOTHER'S MAIDEN NAME Sarah Mercer		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Fred Brannan, Campbell, Rt. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 4201 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			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 ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐		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 9/2/57 to 11/18/57 and last saw her alive on 11/18/57 Death occurred at 6:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L.C. Wilson M.D. (Degree or title)			22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 11/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 20, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery		23d. LOCATION (City, town, or county) (State) Clarkton, Mo. Rte. 1
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.			25. DATE RECD. BY LOCAL REG. 11-23-57		26. REGISTRAR'S SIGNATURE Carl H. Hunsbarger

RECEIVED DUNSMUIR COUNTY H
DEPARTMENT 11-25-3
COUNTY FILE NUMBER 115

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

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address *Campbell, M*

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.