

FILED JAN 3 1958

STANDARD CERTIFICATE OF DEATH

46958 STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Essex</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp. 23 Days</b>				d. STREET ADDRESS (If outside, give location) <b>Route #2</b>			
3. NAME OF DECEASED (Type or print) First <b>Carrie</b> Middle <b>Maude</b> Last <b>Dillender</b>				4. DATE OF DEATH Month <b>12</b> Day <b>24</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>5-7-1887</b>	
9. AGE (In years last birthday) <b>70</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>2</b>		11. BIRTHPLACE (City and state or country) <b>Edwards Co., Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>John Barnhart</b>			
14. MOTHER'S MAIDEN NAME <b>Sarah Merritt</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>0</b>			
16. SOCIAL SECURITY NO. <b>0</b>				17. INFORMANT <b>Carrie Dillender, Essex, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage (Embolic)</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Embolic</b> <b>3 days</b>	
						DUE TO (c) <b>Myocardial Infarction 260x</b> <b>2 wks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>d. Due to ASHD - e. Diabetes Mellitus</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>8/57</b> to <b>12/24/57</b> and last saw her/him alive on <b>12/24/57</b> . Death occurred at <b>11:55 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ralph Franklin, M.D.</b>				22b. ADDRESS <b>Morehouse, Mo.</b>		22c. DATE SIGNED <b>12/26/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>12/27/57</b>		<b>Fairdealing Cemetery</b>		<b>Fairdealing, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Edward G. Hunter</b> <b>Wunnelee Funeral Chapel, Sikeston</b>				25. DATE RECD. BY LOCAL REG. <b>12-28-57</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	

DATE RECEIVED DEC 30 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-265

JAN 8 1958

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 Edward E. J. J. J.

Licensed Embalmer No. 416

P. O. Address Silveston

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.