

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47744**

FILED APR 2 1958

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **5422** Registrar's No. **57**

0350

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 OR TOWN Kennett Ind Sup 1 9/4	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Kennett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		e. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Charlie	b. (Middle) Wallace	c. (Last) Smith	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1889	9. AGE (In years last birthday) 68	If under 1 year: Months _____ Days _____	If under 24 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (unknown)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dell Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jim Smith	13b. MOTHER'S MAIDEN NAME Martha Lanier	14. NAME OF HUSBAND OR WIFE Maude Leath (Dead)
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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'S SIGNATURE OR NAME Mrs Bonnie Bess Kennett ADDRESS Mo. Rt. 3
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bone		
	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 none	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct. 26, 1957** to **Nov. 2, 1957**, that I last saw the deceased alive on **Nov 2, 1957**, and that death occurred at **5:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Gaul Baldwin M.D. (Degree or title)	23b. ADDRESS Kennett Mo	23c. DATE SIGNED 3-25-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/4/1957	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Kennett Missouri
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DATE REC'D BY LOCAL REG. 3-28-58	REGISTRAR'S SIGNATURE Earl H. ...	25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service ADDRESS Senath, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

70-

RECEIVED DUNN COUNTY DEPT
DEPARTMENT 3-30-5
COUNTY FILE NUMBER 358

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 *Arthur B. Baird*.....

Licensed Embalmer No. *4888*

P. O. Address *Lenox 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.