

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

775

STATE FILE NUMBER

FILED JAN 24 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 9

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> COUNTY <u>Dunklin</u>																
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kennett Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>			Length of stay in 1b <u>1 Hour</u>		d. STREET ADDRESS (If outside, give location) <u>201 West 6th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First <u>Amanda</u> Middle <u>Harriet</u> Last <u>Horton</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>11</u> Year <u>1958</u>																
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 29- 1889</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and state or country) <u>Kennett Rt. 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>											
13. FATHER'S NAME. <u>John David Craig</u>						14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Kimbrow</u>														
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>XX</u>			17. INFORMANT Address <u>Sam Horton 201 W. 6th 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>Acute Left Ventricular Failure</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. } DUE TO (b) <u>Hypertensive C.V. Disease</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>443X</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>3 years</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.) <u>443X</u>																	
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Jan 11, 1958</u>									20f. CITY, TOWN, OR LOCATION <u>Kennett Mo.</u>			20g. COUNTY <u>Dunklin</u>			20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>Jan 11, 1958</u> to <u>Jan 11, 1958</u> and last saw her <u>alive on Jan 11-58</u> Death occurred at <u>11.10 P.m</u> on the date stated above; and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE (Degree or title) <u>George J. Sumner M.D.</u>						22b. ADDRESS <u>Kennett Mo.</u>						22c. DATE SIGNED <u>1-14-58</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>Jan. 13- 1958</u>			23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>											
24. FUNERAL DIRECTOR <u>Lentz Service</u>						ADDRESS <u>Kennett Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Jan 15-1958</u>			26. REGISTRAR'S SIGNATURE <u>Paul [Signature]</u>								

(Licensed Embalmer's Statement on Reverse Side)

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 H
DEPARTMENT 1-20-5
COUNTY FILE NUMBER 158

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar Lee Jew*
Licensed Embalmer No. 443

Licensed Embalmer No. 443

P. O. Address Kennett M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.