

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29406-57

786

State File No. ....

FILED FEB 4 1958

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <b>MISSOURI</b> b. COUNTY <b>DUNICLIN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HORNERSVILLE Rt. 1</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HORNERSVILLE Rt. 1</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Box 111</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt #1 Box 111</b>				d. STREET ADDRESS (If rural, give location) <b>Rt. 1 Box 111</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALMA</b>		b. (Middle) <b>MAE</b>		c. (Last) <b>KACKLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 16, 1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>MAY 21, 1957</b>		9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NA</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NA</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>FRANK KACKLEY</b>			13b. MOTHER'S MAIDEN NAME <b>LUKA COWANS</b>		14. NAME OF HUSBAND OR WIFE <b>NA</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO NA</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>FRANK KACKLEY Hornersville, MO</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>measles</b>						
	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 <b>0851</b>						
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1-13</b> , 19 <b>58</b> , to <b>1-16</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>1-16-58</b> 19 <b>58</b> , and that death occurred at <b>2 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thomas L Durdon</b>				23b. ADDRESS <b>Steele</b>		23c. DATE SIGNED <b>1-27-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 18, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MACEY</b>		24d. LOCATION (City, town, or county) (State) <b>Monette, CRAIGHARD Co., ARK.</b>		
DATE REC'D BY LOCAL REG. <b>2-4-58</b>		REGISTRAR'S SIGNATURE <b>Thomas L Durdon</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Howard Funeral Service Blytheville Ark.</b>			

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed 7/7/26 \_\_\_\_\_

Licensed Embalmer No. 3989

P. O. Address Blytheville, Ark

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 this body is not embalmed, fact should be so stated above.