

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009398

STATE FILE NUMBER

FILED APR 11 1958

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Campbell</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Campbell</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>112 John Street</u>			Length of stay in lb <u>15 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>112 John Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>LAURA</u> Last <u>PROVANCE</u>				4. DATE OF DEATH Month <u>March</u> Day <u>29</u> Year <u>1958</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 11, 1880</u>		9. AGE (In years last birthday) <u>77</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>St. Francis, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13. FATHER'S NAME <u>Cornelius J. Summers</u>						14. MOTHER'S MAIDEN NAME <u>Cornelia Hampton</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>None</u>		17. INFORMANT Address <u>Mrs. Ray Bedwell, Campbell, 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>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>4222</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>? years.</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
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>2</u>																
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)											20f. CITY, TOWN, OR LOCATION <u>Campbell</u>		20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21. I attended the deceased from <u>3/20/58</u> to <u>3/28/58</u> and last saw her alive on <u>3/28/58</u> Death occurred at <u>2 a m on the date stated above; and to the best of my knowledge, from the causes stated.</u>																
22a. SIGNATURE (Degree or title) <u>Wallace A. Belsey MD - U</u>						22b. ADDRESS <u>Campbell Mo.</u>						22c. DATE SIGNED <u>3/31/58</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>March 30, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>										
24. FUNERAL DIRECTOR ADDRESS <u>Landess Funeral Home, Campbell, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>4-1-1958</u>				26. REGISTRAR'S SIGNATURE <u>Mrs. Paula Campbell</u>											

(Licensed Embalmer's Statement on Reverse Side)

ath, welfare, lic, rvice, 00, -56, 1, 000, 92, 0, Director, coroner, etc. must be only cause of death due to natural causes. 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

RECEIVED DUNKLIN COUNTY  
DEPARTMENT 4-7-58  
COUNTY FILE NUMBER 45

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STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed..... *Christine M. Lan*

Licensed Embalmer No... 4

P. O. Address... *Camp*

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.