

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021419  
State File No. ....

FILED JUN 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Rector</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>11 days</u>		e. STREET ADDRESS (If rural, give location) <u>R#4 (Leonard Community)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>FLOSSIE</u>	
c. (Last) <u>POWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/7/1893</u>
9. AGE (In years last birthday) <u>64</u>	10. Months <u>11</u>	11. Days <u>24</u>	12. Hours <u>2</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Marion Jarrett</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Hooper</u>	
14. NAME OF HUSBAND <u>W.W. Powell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.W. Powell, R#4, Rector, Arkansas</u>		ADDRESS <u>W.W. Powell, R#4, Rector, Arkansas</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	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 <u>4-25</u> , 19 <u>58</u> , to <u>5-1</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-1</u> , 19 <u>58</u> , and that death occurred at <u>11:50 AM</u> on the causes and on the date stated above.			
23a. SIGNATURE <u>M. W. English MD</u> (Degree or title)		23b. ADDRESS <u>Cardwell 9 Mo.</u>	
23c. DATE SIGNED <u>6-16-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/5/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cardwell, Dunklin, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-17-58</u>	REGISTRAR'S SIGNATURE <u>Paul Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Verlyn L. Heath</u> ADDRESS <u>Paragould, Ark.</u>	

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

RECEIVED DUNKLIN COUNTY H  
DEPARTMENT.....6-23-  
COUNTY FILE NUMBER 658-

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.....  
*J. M. P. Heath*

Licensed Embalmer No.....543 A

P. O. Address.....Paragould, Ar

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.