

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021422

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 105

300
-57

3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN St. Louis ²¹⁹⁹ ₆	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Swimming Pool		d. STREET ADDRESS (If outside, give location) 4166 Washington Ave.	
3. NAME OF DECEASED (Type or print) First Glenda Middle Sue Last Ricks (Mitts)		4. DATE OF DEATH Month June Day 20 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1945
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student School		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kennett, Mo.
13a. FATHER'S NAME Ray Sham		13b. MOTHER'S MAIDEN NAME Ruth Mitts	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	14. NAME OF HUSBAND OR WIFE
17. INFORMANT Henry Stokley		Address 1001 Whitney Kennett, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning			INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9294 42
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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Drowned		
20c. TIME OF INJURY 3:25 p.m. Month, Day, Year 6-20-58			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Swimming Pool	20f. CITY, TOWN, OR LOCATION Kennett COUNTY Dunklin STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 3:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Quinton Tarver, M.D., Coroner		22b. ADDRESS Kennett, Mo.	22c. DATE SIGNED 7-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 6/22/58	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett, Mo.
24. FUNERAL DIRECTOR McDaniel Funeral Service, Kennett		DATE RECD. BY LOCAL REG. July 1-1958	REGISTRAR'S SIGNATURE Carl J. Lusk

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RECEIVED DUNKLIN COUNTY
DEPARTMENT 7-8
COUNTY FILE NUMBER 75

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 *Hubert B. Baird*

Licensed Embalmer No. *4888*

P. O. Address *Kennett, M.*

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.