Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED DEC 24 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

58-043694
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 193

**1. PLACE OF DEATH**
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett, Mo. — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin Co. Mem O. — Length of stay in 1b: 4 Days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Arkansas b. COUNTY: Mississippi
c. CITY OR TOWN: Leachville, Ark. 8030 — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): Rt. 1, Leachville — Reside on Farm: Yes X No ☐

**3. NAME OF DECEASED** (Type or print): First: Mrs. Hattie Middle: Last: Richardson

**4. DATE OF DEATH** Month Day Year: Dec. 5, 1958

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** Sept. 10, 1890

**9. AGE** (In years last birthday): 68 — IF UNDER 1 YEAR: Months 2, Days 25 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (City and state or country): White Co., Ark.

**12. CITIZEN OF WHAT COUNTRY?** USA.

**13. FATHER'S NAME:** Unknown

**14. MOTHER'S MAIDEN NAME:** Unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** Unknown

**17. INFORMANT** (Neighbor) Address: Mr. French, Leachville, Ark.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hypertensive cardio vascular disease — 10 years
DUE TO (c) atherosclerosis — 15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

**19. WAS AUTOPSY PERFORMED?** YES X NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 12/2/58, to 12/5/58 and last saw her ~~him~~ alive on 12/5/58. Death occurred at 6:58 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): R L Polenske M D

**22b. ADDRESS:** Dornerville, Mo

**22c. DATE SIGNED:** 12/17/58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE:** 12-10-1958

**23c. NAME OF CEMETERY OR CREMATORY:** Nettleton Cemetery

**23d. LOCATION** (City, town, or county) (State): Near Jonesboro, Ark.

**24. FUNERAL DIRECTOR** # Farmers Union F. Home, Jonesboro, Ark.

**25. DATE RECD. BY LOCAL REG.:** 12-20-1958

**26. REGISTRAR'S SIGNATURE:** Earl Hinkamp

(Licensed Embalmer's Statement on Reverse Side)

Dr.R.L.Paleneski

Hornersville, Mo.

DEPARTMENT .....

COUNTY FILE NUMBER 1258-315

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ...Jerry E. Cravens....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerry Cravens
Jerry E. Cravens
Licensed Embalmer No...505

P. O. Address Jonesboro,

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.