

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000812
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 03510		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 907 N. EDWARDS		Length of stay in 1b 4 MONTHS	d. STREET ADDRESS (If outside, give location) 907 N. EDWARDS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OLLIE BEN DUPRIEST			4. DATE OF DEATH Month Day Year JAN 27 1959		
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-29-1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) MT. VERNON, ARK.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME MONROE DUPRIEST		13b. MOTHER'S MAIDEN NAME TANY HOLLIN		14. NAME OF HUSBAND OR WIFE NEOMIA COLEMAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. 488-16-4709	17. INFORMANT Address JOHN BIGGERS, MALDEN, 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) Cancer of Pulmonary stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Operated on at Donald skin DUE TO (c) Cancer Neck. Jan 11-59					INTERVAL BETWEEN ONSET AND DEATH 1 yr
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.) 151X		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Death occurred at Jan 5-59 6:00 P. to Jan 27-59 and last saw her alive on Jan 27- on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. Carlstrom D.C. 2		22b. ADDRESS Malden Mo		22c. DATE SIGNED Jan 28/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-30-59	23c. NAME OF CEMETERY OR CREMATORY SWEET HOME		23d. LOCATION (City, town, or county) (State) MALDEN, MO.	
24. FUNERAL DIRECTOR DAY & KNIGHT F.H. MALDEN		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE J. Dr. Scherman	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 5 1959

FEB 5 1959

MAR 5 1959

COUNTY FILE NUMBER 254-33

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. J. Schuman*

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.