

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 8 7

FILED VS DEC 17 1959

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 202

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dunklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Length of stay in 1b <u>10 Week</u> c. CITY OR TOWN <u>Bragg City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>Samuel</u> Middle <u>Eddie</u> Last <u>Cagle</u>			<b>4. DATE OF DEATH</b> Month <u>Dec.</u> Day <u>9th</u> Year <u>1959</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9-11-1897</u>	<b>9. AGE (last birthday)</b> <u>62</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm.</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Savannah Tenn.</u>	
<b>13a. FATHER'S NAME</b> <u>Ed Cagle</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Cynthia Pollock</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ruby Cagle</u>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-16-0494</u>	<b>17. INFORMANT</b> Address <u>Mrs. Ruby Cagle Bragg City Rt. 1</u>			
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular renal dis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>. years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____				
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
		<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____		

21. I attended the deceased from Oct 59 to 9 Dec 59 and last saw her/him alive on 9 Dec 59  
 Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Joe A. Zimmerman M.D.</u>		<b>22b. ADDRESS</b> <u>Kennett Mo.</u>		<b>22c. DATE SIGNED</b> <u>12-10-59</u>
<b>23a. BURIAL, CREMATION/REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>12-10-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Ridge Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kennett Mo.</u>
<b>24. FUNERAL DIRECTOR</b> <u>Lentz Service</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-12-1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> 

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Edgar Lee Howard

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.