

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022741

FILED VS JUN 21 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 122

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Length of stay in 1b <u>30min.</u>		c. CITY OR TOWN <u>Senath</u>		Inside Limits Yes # No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>				Inside Limits Yes # No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Senath</u>	
3. NAME OF DECEASED (Type or print) First <u>Jeanette</u> Middle <u>Culp</u> Last <u>Lanier</u>		4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1960</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/14/1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News Reporter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Senath Press</u>		11. BIRTHPLACE (City and state or country) <u>Wayne Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Culp</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Hardin</u>			14. NAME OF HUSBAND OR WIFE <u>J.H. Lanier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>489-28-8227</u>		17. INFORMANT Address <u>Lottie Ward, Montreal Canada</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 P.M.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Quinton Jarver, M.D. Coroner</u>				22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>6-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/12/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>		23d. LOCATION (City, town, or county) (State) <u>Senath Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>McDaniel Funeral Service, Senath, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>June 14-60</u>		26. REGISTRAR'S SIGNATURE <u>Paul Husker</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF husband

VS JUN 21 1961

0961 9 706

VS JUN 21 1960

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.