

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041523  
STATE FILE NUMBER

INDEXED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 236

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>1 1/2 days</u>	c. CITY OR TOWN <u>Arbyrd</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Arbyrd</u>
3. NAME OF DECEASED (Type or print) First <u>Polly</u> Middle <u>May</u> Last <u>Thomas</u>		4. DATE OF DEATH Month <u>November</u> Day <u>15</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/7/40</u>
9. AGE (last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </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)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bragoald, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Archie Thomas</u>	
13b. MOTHER'S MAIDEN NAME <u>Lela Kemagen</u>		14. NAME OF HUSBAND OR WIFE <u>  </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-42-8217</u>	17. INFORMANT Address <u>Mrs Lela Thomas - Arbyrd, Mo</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>Intracerebral abscesses</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mastoiditis</u>			<u>14 days</u>
DUE TO (c) <u>Otitis media</u>			<u>30 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>upper respiratory infection</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>  </u> Month, Day, Year <u>  </u>		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 <u>11/10/60</u> to <u>11/15/60</u> and last saw her <u>alive</u> on <u>11/15/60</u> Death occurred at <u>1:50 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R J Palenka M D</u> (Describe or title)		22b. ADDRESS <u>Hammersville, Mo</u>	
22c. DATE SIGNED <u>12/4/60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-17-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Green County, Arkansas</u>		24. FUNERAL DIRECTOR ADDRESS <u>Howard Funeral Service - beachville, Ark</u>	
25. DATE RECD. BY LOCAL REG. <u>12-7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>	

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. H. Lawrence

Licensed Embalmer No. 3459

P. O. Address Beyleville

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.