

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

**FILED FEB 3 1949**

State File No. **794**

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5722</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett (Rural)</u>		c. LENGTH OF STAY (in this place) <u>57 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		35	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>BELLE</u> c. (Last) <u>FREDRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-49</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-19-1871</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Crittendon Bratcher</u>		13b. MOTHER'S MAIDEN NAME <u>Winnie Laws</u>		14. NAME OF HUSBAND OR WIFE <u>BENJAMIN JACKSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. J. Fredrick</u> ADDRESS <u>Kennett R. 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cardiovascular renal disease</u>					3 yrs.	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>January 8, 1949</u> , to <u>January 25, 1949</u> , that I last saw the deceased alive on <u>January 8, 1949</u> , and that death occurred at <u>10:58 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alan J. Christman, D.O.</u>				23b. ADDRESS <u>Lee Shelton Bldg.</u>		23c. DATE SIGNED <u>1-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NIMMONS Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>NIMMONS, ARK.</u>		
DATE REC'D BY LOCAL REG. <u>1-26-1949</u>		REGISTRAR'S SIGNATURE <u>Edw. Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Husband</u> ADDRESS <u>Piggott, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

35  
35  
35

RECEIVED  
District Health Office No. \_\_\_\_\_  
District File Number 249-12  
Date Filed 2-1-49

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

Hayd Russell

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott Ark.

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 this body is not embalmed, fact should be so stated above.