

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4437

State File No.

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Kennett</u>	c. LENGTH OF STAY (in this place) <u>yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>N. Main St. 1</u>		d. STREET ADDRESS (If rural, give location) <u>N. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>B.</u> c. (Last) <u>Sample</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct. 11, 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Obion Co. Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>N. D. Sample</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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>N. D. Sample Jr., Minnow, Ark</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlarged prostate</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 10, 1949, to Feb 19, 1949, that I last saw the deceased alive on Feb 18, 1949, and that death occurred at 1 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>Feb 20, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21, 1949</u>	REGISTRAR'S SIGNATURE <u>Paul Husband</u>	90	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. N. Selby</u>	ADDRESS <u>Rector, Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 249-348

Case Filed 2-28-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... Wm W. McBride

Signed.....
Student Embalmer

Licensed Embalmer No. 776

P. O. Address Pectac, Arkansas

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.