

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7956

State File No.

0352
 2

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

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>	
c. LENGTH OF STAY (In this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Jail</u>		e. CITY OR TOWN <u>0350</u>	
3. NAME OF DECEASED a. (First) <u>L.</u> b. (Middle) <u>W.</u> c. (Last) <u>Click</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31, 1898</u>
9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 1 HR. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sabarer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>M. R. Click</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Ann Odum</u>	
14. NAME OF HUSBAND OR WIFE <u>Letha Click</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Letha Click</u>		ADDRESS <u>Kennett, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Perforated Gastric Ulcer</u> DUE TO (c) <u>Coroner Jury Verdict</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY! YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Belter G. Houshner CORONER</u>		23b. ADDRESS <u>Kennett, Mo</u>	
23c. DATE SIGNED <u>3-22-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Newburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newburn, Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-1951</u>		REGISTRAR'S SIGNATURE <u>Paul Shubert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>RUSSELL FUNERAL HOME</u>		ADDRESS <u>19901 PARK</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT3-23-51.....

COUNTY FILE NUMBER 351-80.....

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
Student Embalmer

Signed Walter A. Hawkin

Licensed Embalmer No. 2002

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