

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7957**

FILED APR 2 1951

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 33

357
1

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

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> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett, Mo.</u> <u>0352</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>Harrison St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arvie</u>		b. (Middle) <u>None</u>	
		c. (Last) <u>Counts</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 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>Unknown About</u>
9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Jack Counts</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Awer Counts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. L. Oakley</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 <u>Dead on arrival</u> , 19 <u>51</u> , to <u>3-19</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u> (Degree or title)		23b. ADDRESS <u>201 College Kennett, Mo</u>	23c. DATE SIGNED <u>20 mar 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reyno Arkansas</u>
DATE REC'D BY LOCAL REG. <u>3-20-1951</u>	REGISTRAR'S SIGNATURE <u>Carl H. Husbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Irby</u>	ADDRESS <u>Rector Arkansas</u>

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....3-21-51.....
COUNTY FILE NUMBER..351-78.....

APR 2 1951

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 X X
X X X X Student Embalmer No. X X X
working under my personal supervision.

Signed.....X X X.....
Student Embalmer

Signed Robert D. Crawford
Licensed Embalmer No. 826
P. O. Address Rector Ave

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.