

RECEIVED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12123

350

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

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5412 Registrar's No. 5

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville Star Rt.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville Star Rt.</u>	
c. LENGTH OF STAY (in this place) <u>6yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virilla</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Credille</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27-1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 17-1881</u>	9. AGE (In years last birthday) <u>69</u>	IF ORDER BY YEAR Months <u>10</u> Days <u>10</u>	IF ORDER BY WEEK Hours <u>10</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Lee County Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>C.W. Patterson</u>	13b. MOTHER'S MAIDEN NAME	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> <u>X</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.C. Credille</u>	ADDRESS <u>Hornersville Star Rt</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Intestinal Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592X</u>	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)	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 Jan 1950, to Feb 27, 1951, that I last saw the deceased alive on 2-20, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. I. [Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>3-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cardwell Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-13-51</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinschwing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lutz [Signature]</u>	ADDRESS <u>Kennett Mo.</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-26-51

COUNTY FILE NUMBER 451-721

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.