

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33124

State File No.

BIRTH NO. 07492-51 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 1210

350

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fennett (rural) Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fennett (rural) Independence</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles southward of Kennett</u>		d. STREET ADDRESS <u>0350</u>	
3. NAME OF DECEASED a. (First) <u>Vicki</u> b. (Middle) <u>Sue</u> c. (Last) <u>Speakes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1951</u>
5. SEX <u>Female</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. 21, 1951</u>
9. AGE (In years last birthday) <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Fennett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Petty June Speakes</u>	
14. NAME OF HUSBAND OR WIFE		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>Mrs. E. C. Johnson - 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumatury</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) <u>776x</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Oct 21</u> , 19 <u>51</u> , to <u>Oct 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 23</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George J. Sullivan MD</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo</u>	
23c. DATE SIGNED <u>10/27/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Oct. 25, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Homer Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Homer, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salmon</u> ADDRESS <u>Kennett, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-27-51</u>		REGISTRAR'S SIGNATURE <u>Carl Hansen</u>	

Dr. Sumner

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT *10-31-51*
COUNTY FILE NUMBER *1051-291*

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 ^{*NOT*} _____

working under my personal supervision.

Student Embalmer No.

Signed

Amel R. Moon

Signed.....
Student Embalmer

Licensed Embalmer No. *4636*

P. O. Address *Senett, 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.