

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4502**

**FILED MAR 03 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wardell, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>resnell HOSPITAL</b>		d. STREET ADDRESS <b>Kennett, Mo.</b>	
3. NAME OF DECEASED a. (First) <b>Bert</b> b. (Middle) <b>Traugber</b> c. (Last) _____		4. DATE OF DEATH <b>2-16-1952</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1879</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>73</b>
11a. FATHER'S NAME <b>Thomas Traugber</b>		11b. MOTHER'S MAIDEN NAME <b>Bell Adams</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>X</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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.		17. INFORMANT'S SIGNATURE OR NAME <b>Marlin Traugber</b> ADDRESS <b>Wardell, Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
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 conditions causing death. <b>Diabetes mellitus</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 <b>2-12-52</b> , to <b>2-16-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>2-16-52</b> , 19 <b>52</b> , and that death occurred at <b>9:10P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>L. C. Wilson, M.D.</b> (Degree or title)		23b. ADDRESS <b>Kennett, Mo.</b>	
23c. DATE SIGNED <b>2-19-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-17-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Steele, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-23-52</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Jones</b> ADDRESS <b>Hytheville, Ark.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 2-25-52 .....  
COUNTY FILE NUMBER 252-58.....

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Jas. R. Stovall*

Licensed Embalmer No. 3100.....

P. O. Address *Blytheville, Ark.*

**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.