

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7910

BIRTH NO. 10332 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 38

352

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Dunklin</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i> | |
| c. LENGTH OF STAY (In this place) <i>16 days</i> | | d. STREET ADDRESS (If rural, give location) <i>1134 N. Vandewater St.</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1134 N. Vandewater St.</i> | | | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Lucius</i> b. (Middle) <i>—</i> c. (Last) <i>GARY</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 18, 1952</i> | | |
| 5. SEX <i>Male</i> | | 6. COLOR OR RACE <i>Negro</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i> | |
| 8. DATE OF BIRTH <i>Feb. 2, 1952</i> | | 9. AGE (In years last birthday) <i>16</i> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i> | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>None</i> | | |
| 11. BIRTHPLACE (State or foreign country) <i>Kennett, Missouri</i> | | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME <i>W. C. Hutchinson</i> | | 13b. MOTHER'S MAIDEN NAME <i>Hattie B. Gary</i> | | 14. NAME OF HUSBAND OR WIFE <i>—</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>—</i> | | 16. SOCIAL SECURITY NO. <i>—</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Leggie Gary - Kennett, Missouri</i> | |

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>—</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Traumatic - Malnutrition</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>16 days</i> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>—</i> DUE TO (c) <i>—</i> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|--|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>7725</i> | | | | 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 *Feb. 2, 1952*, to *Feb 15th, 1952*, that I last saw the deceased alive on *Feb. 15, 1952*, and that death occurred at *9:30 P. M.*, from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <i>Paul H. Christianow, D.O.</i> | | 23b. ADDRESS <i>Box 6, Kennett</i> | | 23c. DATE SIGNED <i>2-22-52</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Feb. 19, 1952</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge (Calver)</i> | |
| 24d. LOCATION (City, town, or county) (State) <i>Kennett, Missouri</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Paul Salmon Kennett, Mo.</i> | | | |
| DATE REC'D BY LOCAL REG. <i>3-8-52</i> | | REGISTRAR'S SIGNATURE <i>Carl H. Hensbell</i> | | | |

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-11-52
COUNTY FILE NUMBER 352-74.....

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 embalmed -

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred R. Moore

Licensed Embalmer No. ~~1436~~ 36

P. O. Address *Spott, 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.