

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brunell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>712-East Commercial</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>CARLTON</u> c. (Last) <u>EUGENE TICKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10-1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 30-1952</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kennett Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Picket</u>	13b. MOTHER'S MAIDEN NAME <u>Bonnie Smith</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Picket - Kennett, Mo</u> ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Pertussis</u>			<u>2 wks.</u>
	DUE TO (c) _____			<u>unk.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Asthma, childhood</u> <u>Anemia, microcytic</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>0561</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 APR 8, 1954 to APR 10, 1954, that I last saw the deceased alive on APR 10, 1954, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Suzzell M.D.</u>	23b. ADDRESS <u>Brunell Hosp Kennett, Mo</u>	23c. DATE SIGNED <u>Apr 13/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April-12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gregory</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett (Rural) Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-14-54</u>	REGISTRAR'S SIGNATURE <u>Earl Husband</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Paul Sherman</u> ADDRESS <u>Kennett, Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-15-54 .....  
COUNTY FILE NUMBER ..... 454-110 .....

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 \_\_\_\_\_

Lyman R. Cunningham .....  
working under my personal supervision. Student Embalmer No. .... 503 .....

Signed Lyman R. Cunningham .....  
Student Embalmer

Signed Palmer .....

Licensed Embalmer No. .... 2556 .....

P. O. Address Tennett, 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.