No. 300
10.48

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30211

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 125

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

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dunklin Co. Memo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Van Buren
c. CITY OR TOWN: Clinton, Ark.
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 8020 8

3. NAME OF DECEASED (Type or Print): (First) Carylon b. (Middle) June c. (Last) Treece
4. DATE OF DEATH (Month) (Day) (Year): Sept 20-1954
5. SEX: Fem
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: July 13-1952
9. AGE (In years last birthday): 2 | IF UNDER 1 YEAR: Months 2, Days 7 | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Clinton, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Ben Treece
13b. MOTHER'S MAIDEN NAME: Charline Huggins
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)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ben Treece Clinton
ADDRESS: Ark

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 491 X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-19, 1954, *to* 9-20, 1954, *that I last saw the deceased alive on* 9-20, 1954, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W English MD
23b. ADDRESS: Cardwell, Mo
23c. DATE SIGNED: 9-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-22-1954
24c. NAME OF CEMETERY OR CREMATORY: Clinton Cem
24d. LOCATION (City, town, or county) (State): Clinton, Ark.
DATE REC'D BY LOCAL REG.: 9-22-1954
REGISTRAR'S SIGNATURE: Carl Husband
25. FUNERAL DIRECTOR'S SIGNATURE: Lentz Service
ADDRESS: Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HI

DEPARTMENT 10-5-53

COUNTY FILE NUMBER 1052

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar [illegible]

Licensed Embalmer No. 443 [illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.