

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2716**

FILED APR 12 1955

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (In this place) 7 Weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hospital		c. CITY OR TOWN Kennett	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 301 South Everett St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph	b. (Middle) F.	c. (Last) Cousert	(Month) April	(Day) 4th	(Year) 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31-1900	9. AGE (In years) Last birthday 54	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 3	IF UNDER 24 HRS. Hours 3	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Shetlerville ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Cousert	13b. MOTHER'S MAIDEN NAME Alice Cousert	14. NAME OF HUSBAND OR WIFE Marie Cousert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, Peacetime	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Dorris Smith	ADDRESS Kennett Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung, left		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 103 X
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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?
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22. I hereby certify that I attended the deceased from **Feb 11**, 19**55**, to **April 4**, 19**55**, that I last saw the deceased alive on **April 4**, 19**55**, and that death occurred at **4:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George P. Summers M.D.	23b. ADDRESS Kennett Mo.	23c. DATE SIGNED 4/6/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-1955	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 4-9-1955	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service	ADDRESS Kennett Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
52
0

RECEIVED DUNKLIN COUNTY
DEPARTMENT 4-11-55
COUNTY FILE NUMBER 45

JUN 1 1955

MAR 1 1955
MAR 1 1955

APR 29 1955

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. 440

P. O. Address *Kennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.