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FILED MAR 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7742

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 4

1. PLACE OF DEATH

a. COUNTY **Dunklin**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Holcomb (Rural)**) c. LENGTH OF STAY (In this place) **3 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Dunklin**

c. CITY OR TOWN **Holcomb** d. Is Residence within limits of a city or incorporated town? Yes No

f. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First) **MARY** b. (Middle) **JANE** c. (Last) **SELF**

4. DATE OF DEATH (Month) (Day) (Year) **3 11 55**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**

8. DATE OF BIRTH **10-10-1876** 9. AGE (In years last birthday) **78** UNDER 1 YEAR Months UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Cedrickville, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Brown** 13b. MOTHER'S MAIDEN NAME **Betsy Bollinger** 14. NAME OF HUSBAND OR WIFE **Thomas H. Self**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **#**

16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Edd Self** ADDRESS **Gideon, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Suppurated (aged) aortic Regurgitation with failing myocardium**

ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **4011** 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) _____ 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 **Apr 1, 1955**, to **Mar 12, 1955**, that I last saw the deceased alive on **April 11, 1955**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M.D.** 23b. ADDRESS **Gideon, Mo** 23c. DATE SIGNED **Mar 12/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3-13-55** 24c. NAME OF CEMETERY OR CREMATORY **Stanfield** 24d. LOCATION (City, town, or county) (State) **Near Clarkton, Missouri**

DATE REC'D BY LOCAL REG. **3-12-55** REGISTRAR'S SIGNATURE **J. G. Anderson** 39-0 FUNERAL DIRECTOR'S SIGNATURE **Clayd Russell Piggott, Ark.** ADDRESS _____

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-15-55

COUNTY FILE NUMBER 3-55

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Blays Russell*.....

Licensed Embalmer No. 509

P. O. Address *Piquette Ave*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.