

FILED OCT 7-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29382**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Kennett</b>		c. CITY OR TOWN <b>Kennett</b>	
c. LENGTH OF STAY (in this place) <b>8 months</b>		d. STREET ADDRESS (If rural, give location) <b>805 Whitney Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, 805 Whitney St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>SOUTHERN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 10, 1889</b>		9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR Hours <b>23</b> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ridley, Tennessee</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Johnny Southern</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Southern</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-20-7410</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Southern, Kennett, Missouri</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		DUPLICATE OF (b) <b>Hypertensive cardio vascular heart dis</b>				<b>minutes</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<b>years</b>	
		Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.					
		DUE TO (c) <b>4201</b>					
		II. OTHER SIGNIFICANT CONDITIONS				<b>years</b>	
		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 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 **1953**, to **Sept 3, 1955**, that I last saw the deceased alive on **2 Sept, 1955**, and that death occurred at **3:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>Joel Zimmerman, M.D.</b> (Degree or title)		23b. ADDRESS <b>Kennett, Mo.</b>		23c. DATE SIGNED <b>8 Sept 55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 4 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>9-9-1955</b>		REGISTRAR'S SIGNATURE <b>Earl Hubbs</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 9-23-58

COUNTY FILE NUMBER 953-2

**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 .....  
Student Embalmer

Signed Christina M. Landes

Licensed Embalmer No. 4227

P. O. Address Campbell

**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.