

## STANDARD CERTIFICATE OF DEATH

33542

State File No. \_\_\_\_\_

FILED OCT 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>137</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kennett,</u>		c. LENGTH OF STAY (in this place) <u>23 Days</u>		c. CITY OR TOWN <u>Caruth, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial</u>				e. STREET ADDRESS (If rural, give location) <u>Kennett, Mo. Rt. 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u>			b. (Middle) <u>Watson</u>		c. (Last) <u>Chailland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15 1956</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2/14/1894</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hollywood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jim Watson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>L.A. Chailland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.A. Chailland Kennett, Mo. R-1</u>				
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) <u>Fracture 11<sup>th</sup> dorsal vertebra</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidental fall</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9030</u>						INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>035</u> (COUNTY) (STATE) <u>Independence Towns Dunklin Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 8 1956 8<sup>1/2</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In home - Both feet slipped on floor</u>					
22. I hereby certify that I attended the deceased from <u>8-8</u> , 19 <u>56</u> , to <u>9-15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-12</u> , 19 <u>56</u> , and that death occurred at <u>SA</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul Hubbard M.D.</u>				23b. ADDRESS <u>Kennett Mo.</u>			23c. DATE SIGNED <u>10-1-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE _____			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____				

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

RECEIVED DUNKLIN COUNTY HE  
DEPARTMENT ...10-8-5...  
COUNTY FILE NUMBER 105.

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**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.....  
*Edmund Curran*

Licensed Embalmer No.....

P. O. Address.....

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.