

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33551

STATE FILE NUMBER

 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 144

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 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, give TOWNSHIP only) OR TOWN KENNETT | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KENNETT | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL | | Length of stay in lb <i>Life</i> | d. STREET ADDRESS COLLEGE AV (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First BIRDIE Middle LEE Last WICKER | | | 4. DATE OF DEATH OCT. 26 1956 Month Day Year | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 28 1895 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY Home Making | 11. BIRTHPLACE (City and state or country) HONERSVILLE, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Henry Rauls | | | 14. MOTHER'S MAIDEN NAME MITTIE Everson | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 491-26-6845 | | 17. INFORMANT W. G. Wicker Kennett, Mo. Address | |
| 18. CAUSE OF DEATH [Enter only one cause pertinent for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. } DUE TO (b) Hypertensive Cardio Vascular Disease DUE TO (c) Yes | | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1948 to Oct 26 1956 and last saw her alive on Oct 26, 1956 Death occurred at 11:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>George J. Everson MD</i> | | 22b. ADDRESS <i>Kennett Mo</i> | | 22c. DATE SIGNED <i>10/27/56</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE OCT. 28-1956 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge | |
| | | 23d. LOCATION (City, town, or county) Kennett | | (State) MO. | |
| 24. FUNERAL DIRECTOR PAUL SALMON ADDRESS Kennett, Mo. | | | 25. DATE RECD. BY LOCAL REG. 10-30-1956 | | 26. REGISTRAR'S SIGNATURE <i>Earl Huskman</i> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-5-56.....
COUNTY FILE NUMBER1156-416.....

NOV 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.P. Salmer*.....

Licensed Embalmer No. *2*
P. O. Address *Hess*

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