Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37555

STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 123

1. PLACE OF DEATH

a. COUNTY: Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural-Union Twp. — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Campbell, Rte. 1 — Length of stay in 1b: 19 yrs.

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

a. STATE: Missouri b. COUNTY: Dunklin

c. CITY OR TOWN: Campbell — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rte. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LETA Middle MAY Last STOTTS

4. DATE OF DEATH Month Oct. Day 31 Year 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 18, 1882

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (City and state or country): Posey County, Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Franklin Herman

14. MOTHER'S MAIDEN NAME: Unknown

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.: Unknown

17. INFORMANT Address: C. E. Stotts, Campbell, Mo. Rte.1

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE-(a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hardening of Arteries and

DUE TO (c) High Blood Pressure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan 1952, to Oct 31 56 and last saw her/him alive on Oct 27/56

Death occurred at 4 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Carlton DO

22b. ADDRESS: Malden Mo

22c. DATE SIGNED: Nov 1/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 2, 1956

23c. NAME OF CEMETERY OR CREMATORY: Vincent Cemetery

23d. LOCATION (City, town, or county) (State): Campbell, Mo. Rte.1

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo

25. DATE RECD. BY LOCAL REG.: 11-5-1956

26. REGISTRAR'S SIGNATURE: Mrs Beulah Sanfordson

(Licensed Embalmer's Statement on Reverse Side)

92 0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-13-56

COUNTY FILE NUMBER 1156-421

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 Christina M. Landers

Licensed Embalmer No. 42

P. O. Address Campbell,

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.