

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **8152**

Registration District No. **104** Primary Registration District No. **4176** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Malden 0351 D
Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MALDEN		Length of stay in 1b LIFE	d. STREET ADDRESS (If outside, give location) MALDEN
3. NAME OF DECEASED (Type or print) Hattie		First Hattie Middle Last Vowell	4. DATE OF DEATH March 6, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 12, 1892
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Pocahontas, Ark.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Birl Aden	
14. MOTHER'S MAIDEN NAME Mary 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. NONE		17. INFORMANT Clarence E. Beer - Malden, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of M. emb.		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 		174X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Radium and X-ray treatment caused skin cancer		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)		
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 Feb 1-56 to Mar 057 and last saw her alive on Mar 5-57 Death occurred at 7:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. O. Aultman D.D.	22b. ADDRESS Malden	22c. DATE SIGNED Mar 11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-7-57	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) Malden, Missouri
24. FUNERAL DIRECTOR ADDRESS Heath Funeral Home-Paragould, Ark	25. DATE RECD. BY LOCAL REG. 3-12-57	26. REGISTRAR'S SIGNATURE J. D. Scherman	

Dr.
RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-20-59
COUNTY FILE NUMBER 357-87

VS DEC 28 1959

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.