

No. 300
10.48

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20586

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (in this place) 3 Das.	c. CITY OR TOWN Gideon, Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS 0720 (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Cardelia	b. (Middle) (None)	c. (Last) Qualls	4. DATE OF DEATH (Month) (Day) (Year) 6-23-1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-21-1889
9. AGE (In years last birthday) 67		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 None	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME Joe Smith		13b. MOTHER'S MAIDEN NAME Rebecca Smith	14. NAME OF HUSBAND OR WIFE V.H. Qualls
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V.H. Qualls Gideon, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, acute				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
ii. OTHER SIGNIFICANT CONDITIONS		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? Y YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 576x
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?

22. I hereby certify that I attended the deceased from **20 June**, 19**57**, to **23 June**, 19**57**, that I last saw the deceased alive on **22 June**, 19**57**, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Joe A. Zimmerman, M.P.** 23b. ADDRESS **201 College Kennett, Mo.** 23c. DATE SIGNED **24 June 57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-26-1957** 24c. NAME OF CEMETERY OR CREMATORY **New Malden Cemetery** 24d. LOCATION (City, town, or county) (State) **Malden, Missouri**

DATE REC'D BY LOCAL REG. **6-24-57** REGISTRAR'S SIGNATURE **Carl Harshbarger** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Lloyd Russell Leggett, Ark.**

(Licensed Embalmer's Statement on Reverse Side)

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

70-0

RECEIVED DUNKLIN COUNTY
DEPARTMENT
COUNTY FILE NUMBER
75

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, ~~.....~~....., Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Floyd Russell*.....

Licensed Embalmer No. 509

P. O. Address *Digott*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.