

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **24064**

FILED JUL 19 1957

Registration District No. **109** Primary Registration District No. **5424** Registrar's No. **151**

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural, Union Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Campbell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 Mi. N.W. of Campbell</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>5 Mi. N.W. of Campbell</b>	
3. NAME OF DECEASED (Type or print) <b>Eddie</b>				First Middle Last		4. DATE OF DEATH <b>July 4 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 29 1917</b>	
9a. AGE (In years last birthday) <b>39</b>		9b. IF UNDER 1 YEAR Months <b>11</b> Days <b>5</b>		9c. IF UNDER 24 HRS. Hours <b></b> Min <b></b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Unknown</b>	
13. FATHER'S NAME <b>Unknown</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Ardelia Washington-Catron, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rheumatic fever</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Lath &amp; thrust infections.</b> DUE TO (c) <b></b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>400X</b>						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.)				
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>							
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 <b>June 1/57</b> to <b>July 4/57</b> and last saw her alive on <b>July 2-57</b> Death occurred at <b>5:15 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>D. S. Coulter, D.O.</b>				22b. ADDRESS <b>Madden Mo</b>		22c. DATE SIGNED <b>July 5/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>7-7-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Simmons Burial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Catron, Mo.</b>	
24. FUNERAL DIRECTOR <b>Ponder Funeral Home-Lilbourn, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-8-1957</b>	
						26. REGISTRAR'S SIGNATURE <b>Mrs. Beulah Ponder</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY

DEPARTMENT 7-15-5

COUNTY FILE NUMBER 25

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 Harold H. Ponder Student Embalmer No. 330  
working under my personal supervision.

Student Harold H. Ponder  
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 330

P. O. Address Tilboe

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.