ealth, Welfare ublic ervice

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021426
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kennett — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Swimming Pool — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Kennett 0352 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 706 Slicer — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Erma Middle: Fay Last: Willard

4. DATE OF DEATH Month: June Day: 20 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 21, 1945
9. AGE (In years last birthday): 13 — 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): Student School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kennett, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Allen Willard
13b. MOTHER'S MAIDEN NAME: Grace Counts
14. NAME OF HUSBAND OR WIFE

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: Allen Willard Address: 706 Slicer, Kennett, Mo.

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) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 9294 42
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drowned
20c. TIME OF INJURY Hour: 3:20 ~~a.m.~~ p.m. Month, Day, Year: 6-20-58
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.) Swimming Pool
20f. CITY, TOWN, OR LOCATION 035 Kennett COUNTY Dunklin STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver (Degree or title) M.D., Coroner 3
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 7-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/22/58
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
23d. LOCATION (City, town, or county) (State): Kennett, Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Service, Kennett ADDRESS Mo.
25. DATE RECD. BY LOCAL REG.: July 1-1958
26. REGISTRAR'S SIGNATURE: Earl Husban

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

8561
AUG 1 8 1958

RECEIVED DUPLIN COUNTY HEA
DEPARTMENT 7-8-58
COUNTY FILE NUMBER 158

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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Kenneth, M

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.