

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005025

STATE FILE NUMBER

FILED FEB 18 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark b. COUNTY X Warren Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rector	8030 8 Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Hosp.		d. STREET ADDRESS Route # 1	Length of stay in lb 1 wk Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ida Middle Mae Last Sonny			4. DATE OF DEATH Month 2 - Day 7 - Year 1959	
---	--	--	--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-12-1925	9. AGE (In years last birthday) 33	10. IF UNDER 1 YEAR Months 8 Days 25	11. 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 -0-	11. BIRTHPLACE (City and state or country) Fair, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME Charlie Graham	13b. MOTHER'S MAIDEN NAME Sarah Polsgrove	14. NAME OF HUSBAND OR WIFE O.C. Sonny
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT O.C. Sonny, Rector, Ark. Rt 1	Address
--	--	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Memoria</i></u> DUE TO (b) <u><i>myocarditis</i></u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 <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 _____ a.m. _____ p.m. Month, Day, Year _____	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 _____ to _____ and last saw her alive on _____ Death occurred at <u><i>2:40 AM</i></u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or title) <u><i>M. English MD</i></u>	22b. ADDRESS <u><i>Cardwell Mc</i></u>	22c. DATE SIGNED <u><i>2-13-59</i></u>
---	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY Harvey Chapel Cem	23d. LOCATION (City, town, or county) (State) Marmaduke, Ark.
--	----------------------------	--	---

24. FUNERAL DIRECTOR Mitchell Funeral Home,	ADDRESS Rector, Ark	25. DATE RECD. BY LOCAL REG. 2-14-1959	26. REGISTRAR'S SIGNATURE <u><i>Carl Husband</i></u>
---	-------------------------------	--	---

Dr English

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Randal L. Mitchell*

Licensed Embalmer No. *373-a*

P. O. Address *Paragould*

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.