

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014311

STATE FILE NUMBER

FILED MAY 15 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Demarest</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hwyte</u>		c. CITY OR TOWN <u>Steele</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Demarest Hospital</u>		d. STREET ADDRESS <u>Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Baria</u> Middle <u>Jennings</u> Last <u>Jennings</u>		4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>59</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>		11. BIRTHPLACE (City and state or country) <u>West Miss</u>	
13a. FATHER'S NAME <u>James Shine</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Tate</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Arthur Alfred Steele mo #2</u>	
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>acute myocardial infarction</u> DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> DUE TO (c) <u>4200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diarrhea - 3 months - etiol undetermined</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>12:20</u> Month <u>SEP</u> Day <u>19</u> Year <u>58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Steele Mo</u>	
20e. CITY, TOWN, OR LOCATION <u>Steele</u>		20f. COUNTY <u>Demarest</u> STATE <u>MO</u>	
21. I attended the deceased from <u>SEP 19 58</u> to <u>4-20-59</u> and last saw her alive on <u>4-20-59</u> Death occurred at <u>12:20 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>CW McHale M.D.</u>	
22b. ADDRESS <u>Caruthersville, Mo.</u>		22c. DATE SIGNED <u>4-30-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>4-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, MO</u>
24. FUNERAL DIRECTOR <u>Hermon Trust Co. Steele Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5/8/59</u>	26. REGISTRAR'S SIGNATURE <u>Valeria Lapham</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

## 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 *Noel C. Deener* .....

Licensed Embalmer No. *3946* .....

P. O. Address *Caruthersville* .....

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.