

IOWA DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028598

FILED VS. AUG. 26, 1959 / 107

Primary Registration District No. 3019 Registrar's No. 152

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett, Mo.		b. COUNTY Dunklin Inside Limits	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tressnell Hospital		c. CITY OR TOWN Kennett (If outside, give location)	
d. STREET ADDRESS 701 S. Main		d. STREET ADDRESS 701 S. Main Reside on Farm	
e. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Ernest Emery Counts		4. DATE OF DEATH Aug. 14, 1959	
5. SEX Male	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 3-7-1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Success, Ark.	
13a. FATHER'S NAME Jasper L. Counts		13b. MOTHER'S MAIDEN NAME Emma Elizabeth Dennis	
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. 401-18-5060	
17. INFORMANT Mrs. Jewell Counts Kennett, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma	
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 8-2-59, to 8-14-59 and last saw him alive on 8-14-59 Death occurred at approximately 3:25p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L.C. Wilson M.D.		22b. ADDRESS Kennett, Mo.	
22c. DATE SIGNED 8-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-16-1950	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Oak Ridge		23d. LOCATION (City, town, or county) Kennett, Mo.	
24. FUNERAL DIRECTOR McDaniel Funeral Ser., Kennett, Mo.		25. DATE RECD. BY LOCAL REG. 8-18-1959	
26. REGISTRAR'S SIGNATURE Eustis			

BY AFFIDAVIT OF

AUG 26 1969

COUNTY FILE NUMBER 859-254

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Tommy L. Doherty

Licensed Embalmer No. *4886*

P. O. Address *Kennett*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.