

FILED APR 3 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9319

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>New Madrid</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Lewis Twsp.</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Lewis Twsp</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile West of Lilbourn</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Eary</u>	b. (Middle)	c. (Last) <u>Bain</u>	Month <u>March</u>	Day <u>25</u>	Year <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 27, 1897</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 12 HRS. Days <u>0</u>	Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Savannah, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Oletha Stanley</u>		14. NAME OF HUSBAND OR WIFE <u>T. K. Bain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>T. K. Bain</u>			
				ADDRESS <u>Lilbourn, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1941</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 15, 1948</u> , to <u>March 25, 1949</u> ; that I last saw the deceased alive on <u>March 23, 1949</u> , and that death occurred at <u>11:20 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clair M. Rivers M.D.</u>				23b. ADDRESS <u>Missouri Mo</u>		23c. DATE SIGNED <u>March 28 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 31 1949</u>		REGISTRAR'S SIGNATURE <u>H. L. Ronda Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home</u>		ADDRESS <u>Lilbourn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2;

District File Number 449-44

Date Filed 4-4-4

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.

Signed Homer L. Ponder

Signed _____
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Silbourn, Mo.

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 this body is not embalmed, fact should be so stated above.