

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38075**

FILED DEC 2 1949

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **235**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewis Twsp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewis Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lilbourn south project		d. STREET ADDRESS (If rural, give location) Lilbourn south project	

3. NAME OF DECEASED (Type or Print) a. (First) Brenda b. (Middle) Helen c. (Last) Hawkins			4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 30 1949		9. AGE (In years last birthday) 6 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lilbourn, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary Jo Hawkins		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'S SIGNATURE OR NAME ADDRESS Mary Jo Hawkins Lilbourn, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dysentery		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			048X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Oct 26**, 1949, to **Nov. 7**, 1949, that I last saw the deceased alive on **Nov 6**, 1949, and that death occurred at **6** A.M., from the causes and on the date stated above.

23a. SIGNATURE E. E. Jones, M.D. (Degree or title)			23b. ADDRESS Lilbourn Mo		23c. DATE SIGNED Nov 10 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 8 1949	24c. NAME OF CEMETERY OR CREMATORY: Mounds Park		24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri

DATE REC'D BY LOCAL REG. Nov 10 1949		REGISTRAR'S SIGNATURE H. L. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home, Lilbourn, Mo.	
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No. 300 10-48 72 99 WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 25 1949

District Health Office No. _____

District File Number 1149-_____

Date Filed _____

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed