

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9743

State File No.

BIRTH NO.		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Come)</u>		c. LENGTH OF STAY (in this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural (Come) 170</u>		d. STREET ADDRESS (If rural, give location) <u>near Lilbourn Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <u>Valma</u> b. (Middle) <u>Jean</u> c. (Last) <u>Mable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25 1950</u>			
5. SEX <u>3</u> ♀		6. COLOR OR RACE <u>black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>		8. DATE OF BIRTH <u>Feb 10 1948</u>	
9. AGE (In years last birthday) <u>2yrs</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u>1</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dubbs. Mississippi</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Cherry Mable</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Collier</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cherry Mable Lilbourn Mo. Rt. 1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES <u>Common Cold</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>14 days</u> <u>491X</u>	
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)		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>2-27, 1950</u> , to <u>2-25, 1950</u> , that I last saw the deceased alive on <u>2-27, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Elbert</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Louis Mo.</u>		23c. DATE SIGNED <u>3/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catron</u>		24d. LOCATION (City, town, or county) (State) <u>Catron Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/11/50</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Husted</u> 217		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wattson Funeral Service Parma Mo</u>			

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

RECEIVED MAR 17 1950
District Health Office No. 2
District File Number 350-192
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.

Student
Student Embalmer

Signed _____

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.