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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 14 1950

State File No. **16105**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (In this place) <u>1 hour</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville (Rural)</u> <u>0720</u> d. STREET ADDRESS (If rural, give location) <u>10 miles east</u>	
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3. NAME OF DECEASED (Type or Print) Christine a. (First) Smith b. (Middle) Smith c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1950

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) (child)

8. DATE OF BIRTH Sept. 20, 1946 **9. AGE** (In years last birthday) 3 if UNDER 1 YEAR: Months 8 Days 11 if UNDER 24 HRS. Hours 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) Catron, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME George Smith **13b. MOTHER'S MAIDEN NAME** Mary Robinson **14. NAME OF HUSBAND OR WIFE** _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____

17. INFORMANT'S SIGNATURE OR NAME Portageville, Mo.
Mrs. Mary Smith, P.O. Box 374, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive 2 and 3 degree Burns of neck - Chest Abdominal legs and Back</u></p> <p>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	INTERVAL BETWEEN ONSET AND DEATH <u>160</u> <u>7 1/2</u>
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19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 172 **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, hotel, street, office bldg, etc.) 10 m. of Portageville, Mo. **21c. CITY, TOWN, OR TOWNSHIP** (COUNTY) (STATE) Portageville (Rural) New Madrid, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 31 50 P. M. 6:45 **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** Bot Burns

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. R. Brinkley 3 Coronar **23b. ADDRESS** H. S. Pacific Hotel **23c. DATE SIGNED** May 31 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** June 21, 1950 **24c. NAME OF CEMETERY OR CREMATORY** Portageville **24d. LOCATION** (City, town, or county) (State) Portageville, Missouri

DATE REC'D BY LOCAL REG. June 5, 1950 **REGISTRAR'S SIGNATURE** L. L. Summer **44** **25. FUNERAL DIRECTOR'S SIGNATURE** Ponder Funeral H. Lilburn **ADDRESS** Missouri

MIN 14 1953

650-789

no. 12

no. 12

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[. . .]

[. . .]

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 Homer L. Ponder

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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