

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27635

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 33

720

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

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jay Wae</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jay wye</b> <b>1720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Washington</b> b. (Middle) <b>Allred</b> c. (Last) <b>Allred</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 3 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 27, 1876</b>
9. AGE (In years last birthday) <b>73</b>		10. MONTHS <b>8</b>	11. DAYS <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pensioner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Alabama</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Nathaniel Allred</b>	
13b. MOTHER'S MAIDEN NAME <b>Sphronia Bowling</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Allred</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Albert Allred-Lilbourn, Mo.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Found by side of road in ditch of water had been dead about 12 to 14 hours.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cause of death Drowning.</b>			
DUE TO (c) <b>17275</b>			
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 <b>072 42</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>unk</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>New Madrid, Mo.</b>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>New Madrid, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>fall in ditch of water</b>			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. L. Ponder</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>New Madrid, Mo.</b>	
23c. DATE SIGNED <b>Sept 4 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 5, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lilbourn, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 4 1950</b>		REGISTRAR'S SIGNATURE <b>H. L. Ponder Deputy</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ponder Funeral Home</b>		ADDRESS <b>Lilbourn, Mo.</b>	

RECEIVED

SEP 12 1950

DISTRICT HEALTH OFFICE No. 0

No. 10.....

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. *3367*.....

P. O. Address *Tilbourn, 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.