

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37845

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

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>31</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 Como Twsp.</u>		c. LENGTH OF STAY (to this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Como Twsp.</u>		<u>0729</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile west of Catron</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles south of Catron</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Doris</u>			b. (Middle) <u>Dean</u>		c. (Last) <u>Bain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1950</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. 1 1924</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Brilliant, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.F. Chastain</u>			13b. MOTHER'S MAIDEN NAME <u>Dessie Lauderdale</u>		14. NAME OF HUSBAND OR WIFE <u>Louie Mack Bain</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mack Bain, Lilbourn, Missouri</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car ran into back and side</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of truck on highway</u>					<u>2 1/2</u> <u>4 7/8</u>
		DUE TO (c) <u>Crushed right side of face and head</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and head</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Como Township New Madrid Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/6/50 5:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit truck from rear 072</u>			
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 (Degree or title) <u>Geo. W. Chastain</u> <u>Coroner</u>				23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>11/6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-10-50</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Chastain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Ponder</u>		ADDRESS <u>Funeral Home, Lilbourn, Mo</u>	

RECEIVED

NOV 16 1950

DISTRICT HEALTH OFFICE No. C

File No.

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 Lilbourn, 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.