

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 12 1951 STANDARD CERTIFICATE OF DEATH

State File No. **5468**
 Registrar's No. **6**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **4358**

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

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 MARSTON	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSTON. 0720	d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) PAXTON c. (Last) WHITE			4. DATE OF DEATH (Month) (Day) (Year) FEB - 9 - 51		
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5. SEX FEMALE	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH MARCH - 7 - 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital made.	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Como Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Am Paxton	13b. MOTHER'S MAIDEN NAME Genevieve Rice	14. NAME OF HUSBAND OR WIFE W.R. White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or dates of service) No	16. SOCIAL SECURITY NO. 349-14-1351	17. INFORMANT'S SIGNATURE OR NAME Mrs Claude Combron ADDRESS Marston Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angerious Condition ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of Right leg. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		455x

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 10, 1950**, to **Feb 8, 1951**, that I last saw the deceased alive on **Feb 8, 1951**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE Claude Combron (Degree or title)	23b. ADDRESS Marston Mo.	23c. DATE SIGNED 2/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/51	24c. NAME OF CEMETERY OR CREMATORY Marston	24d. LOCATION (City, town, or county) (State) Near Lilbourn Mo.
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DATE REC'D BY LOCAL REG. 2-16-1951	REGISTRAR'S SIGNATURE H. J. Bondy Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undert Co ADDRESS New Madrid.
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RECEIVED

MAR 9 1951

DISTRICT HEALTH OFFICE No. 6

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

L. H. Hedges

Signed.....
Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Madrid 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.