

No. 300
10.48
72
FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13345

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY <i>NEW MADRID</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>New Madrid</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>NEW MADRID 0721</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>NO</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>VICKIE</i> b. (Middle) <i>DEBORAH</i> c. (Last) <i>PROGAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>APRIL 17-1951</i>				
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Child 0</i>	8. DATE OF BIRTH <i>JAN 4-1951</i>	9. AGE (In years last birthday) <i>4</i>	# UNDER 1 YEAR Days	# UNDER 6 Mths. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>HICKMAN Ky 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>ESTON PROGAN</i>		13b. MOTHER'S MAIDEN NAME <i>EUGENIA EVANS</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO</i>		17. INFORMANT'S SIGNATURE OR NAME <i>RI</i> ADDRESS <i>ESTON PROGAN, NEW MADRID</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>No medical attendant by death</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>records this was a 7 mo</i> DUE TO (c) <i>Child at birth, was never very</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>strong, was in a fresh state</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>per 2 mos after death</i>		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) <i>7735</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 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 <i>Leo Addison "L" Coroner</i> (Degree or title)				23b. ADDRESS <i>New Madrid, Mo</i>		23c. DATE SIGNED <i>4/17/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4/17/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kathon</i>		24d. LOCATION (City, town, or county) (State) <i>New Madrid, Mo</i>		
DATE REC'D BY LOCAL REG. <i>4-19-51</i>		REGISTRAR'S SIGNATURE <i>Helen Lou Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Friends</i>		ADDRESS <i>New Madrid, RI</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

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

working under my personal supervision.

Not Embalmed

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *3853*

P. O. Address *New Market, Md*

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.