

No. 200
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FILED MAY 2 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13348

BIRTH NO. 11,939-51 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 25

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 OR TOWN NEW MADRID.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID. 8721	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) PETRICIA b. (Middle) ANN c. (Last) STOKER.			4. DATE OF DEATH (Month) (Day) (Year) April-20-1951
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child.	8. DATE OF BIRTH MARCH-27-1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (in years last birthday) 24 <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 10 HRS. Hours Min.</small>
11. BIRTHPLACE (State or foreign country) NEW MADRID, Mo.		12. CITIZEN OF WHAT COUNTRY? U-S-A.	
13a. FATHER'S NAME PAUL STOKER.		13b. MOTHER'S MAIDEN NAME BERTHA CIRDLEY	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —	
16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Paul Stoker ADDRESS Canalou, 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.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) This was a 7 months old		ANTECEDENT CAUSES DUE TO (b) baby at birth, No. Medical	
DUE TO (c) Attendant, Baby was never		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death very strong	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7735	
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)	
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 Dr. Hedy with (Degree or title) 3		23b. ADDRESS New Madrid, Mo.	
23c. DATE SIGNED 4/20/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/21/51	
24c. NAME OF CEMETERY, OR CREMATORY Mounds		24d. LOCATION (City, town, or county) (State) NEAR NEW MADRID.	
DATE RECD BY LOCAL REG. 4-24-51		REGISTRAR'S SIGNATURE Helan Lued Jones ADDRESS 216 Friends, Canalou, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 1 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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

L. H. Hudgins

Signed.....
Student Embalmer

Licensed Embalmer No. *3803*

P. O. Address *New Mexico 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.