

No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13353

BIRTH NO. 16799-51 REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5830 Registrar's No. 42

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		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2miles S. West of Canalou</b>			d. STREET ADDRESS (If rural, give location) <b>2 miles S. West of Canalou</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Allen</b>		c. (Last) <b>Elem</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 22 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>March 11 1951</b>		9. AGE (In years, last birthday) IF UNDER 1 YEAR: Months   Days IF UNDER 24 HRS.: Hours   Min. <b>1   11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lilbourn, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Elem</b>		13b. MOTHER'S MAIDEN NAME <b>Rosile Adams</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rosile Elem</b>		ADDRESS <b>Kewanee, Missouri</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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>491X</b>		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) m.		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 16 April 1951, to 16 April 1951, that I last saw the deceased alive on 16 April 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. B. Painter Jr</i>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Portageville Mo</b>		23c. DATE SIGNED <b>4-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-23-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Simmons Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Catron, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4/28-51</b>		REGISTRAR'S SIGNATURE <i>Thomas M. Sheeter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ponder Funeral Home-Lilbourn, Mo.</b>		ADDRESS	

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

RECEIVED

MAY 1 1951

DISTRICT HEALTH OFFICE No. 6

Title 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 Homer L. Ponder

Signed.....  
Student Embalmer

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.