

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19131

State File No. \_\_\_\_\_  
Registrar's No. 74

FILED MAY 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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

1. PLACE OF DEATH a. COUNTY <u>Scott</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) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		OR TOWN <u>0721</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. Delta Comm. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>Ida</u>	a. (First)	b. (Middle) <u>A.</u>	c. (Last) <u>Bittle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3/23/51</u>
--	------------	-----------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb, 17, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Plainview, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>John Dawson</u>	13b. MOTHER'S MAIDEN NAME <u>Vnk. Hall</u>	14. NAME OF HUSBAND OR WIFE <u>None.</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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom May</u>	ADDRESS <u>New Madrid, Mo.</u>
---	------------------------------------	--	--------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of the lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undiagnosed heart cond.</u> DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4343</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 3/22, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sharon C. M. Clure M.D.</u>	23b. ADDRESS <u>Dixonton, Mo.</u>	23c. DATE SIGNED <u>5-8-51</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Ark.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 9-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Humber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undt, Co.</u>	ADDRESS <u>New Madrid, Mo.</u>
--	---	--	--------------------------------

RECEIVED MAY 14 1951  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 551-107

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.....

*Les Hedgcock*

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.