

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34436**

BIRTH NO. _____		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 4353		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 Mo. b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Gideon		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Gideon		0720	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Lela		b. (Middle) Pinnell		c. (Last) Anderson	
4. DATE OF DEATH (Month) (Day) (Year) 10-9-51		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 16, 1899		9. AGE (in years last birthday) 51		10. AGE (in years last birthday) 51		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Louis A. Tickell		13b. MOTHER'S MAIDEN NAME Lela Summers		14. NAME OF HUSBAND OR WIFE Newton C. Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William B. Pinnell - New Madrid, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9100 072 16				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suffocation		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gideon New Madrid Mo			
21d. TIME OF INJURY 10 9 51 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10-9-51 , and that death occurred at 8:15 PM , from the causes and on the date stated above.							
23a. SIGNATURE F. E. Hopkins M.D. (Degree or title)				23b. ADDRESS Gideon, Mo		23c. DATE SIGNED 10-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-12-51		24c. NAME OF CEMETERY OR CREMATORY New Madrid Cem.		24d. LOCATION (City, town, or county) (State) New Madrid Mo.	
DATE REC'D BY LOCAL REG. 10-11-51		REGISTRAR'S SIGNATURE Mrs F. E. Hopkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clayton M. Russell Leggett, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

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

0720

NOV 28 1951

RECEIVED

OCT 15 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509 - Ark.

P. O. Address Piggott, Ark.

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.