

DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42376

State File No.

BIRTH NO. <u>86515-51</u>		REG. DIST. NO. <u>237</u>		PRIMARY REG. DIST. NO. <u>5820</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</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>Gideon Mo.</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon Rural</u>		721 <u>ANDERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Paulette</u>		a. (First)		b. (Middle) <u>Akridge</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec. 18/51</u>		9. AGE (in years last birthday) <u>6 1/2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Gideon Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Gideon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>Herschel Akridge</u>		13b. MOTHER'S MAIDEN NAME <u>Katherline Tanner</u>		14. NAME OF HUSBAND OR WIFE <u>0</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gideon 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Faramen Ovale Failed to Close</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Premature Seven Months Baby</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7543</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>no</u>		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 <u>Dec. 18, 1951</u> , to <u>Dec. 18, 1951</u> , that I last saw the deceased alive on <u>Dec. 18, 1951</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Gideon Mo.</u>		23c. DATE SIGNED <u>Dec. 18/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Stanfield</u>		24b. DATE <u>Dec. 19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-19-51</u>		REGISTRAR'S SIGNATURE <u>Mrs F. D. Hopkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd M. Russell</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 21 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 not Embalmed embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 502- Akr

P. O. Address Lyggett Ave

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.