

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19041

State File No. _____

FILED JUN 6 1952

REG. DIST. NO. 333

PRIMARY REG. DIST. NO. 3074

Registrar's No. 706

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE MISSOURI b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. LENGTH OF STAY (in this place) 21 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MATTHEWS		1720
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL			d. STREET ADDRESS (If rural, give location) -----		
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES		b. (Middle) B	c. (Last) CURTIS	4. DATE OF DEATH (Month) (Day) (Year) MAY 16, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb. 5 1869	9. AGE (In years last birthday) 83	F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?		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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS -- Ida Bush-Lilbourn, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Saba pneumonia, left</u> ANTECEDENT CAUSES Morbid 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 <u>auricular fibrillation</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH 4 days ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		490X		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)	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>March</u> , 1952, to <u>May 16</u> , 1952, that I last saw the deceased alive on <u>May 16</u> , 1952, and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. C. Litchfield</u>			23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>May 22, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-26-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1003

REC. 6-2-52
SCOTT COUNTY HEALTH CENTER
COR. FILE NO. 652-164

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. Pender

Signed.....
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Libour, 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.