

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30482

State File No.

FILED AUG 29 1952

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 178

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid	
c. LENGTH OF STAY (In this place) 6 1/2 Hours		0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print) a. (First) Bobbie b. (Middle) Joe c. (Last) Duncan			4. DATE OF DEATH (Month) (Day) (Year) 8-15-1952		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	
8. DATE OF BIRTH 8-9-1952		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months	
IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (State or foreign country) Marston, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Willie Duncan		13b. MOTHER'S MAIDEN NAME Monwiller Long		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No.		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME WILLIE DUNCAN MARSTON, MO	
ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vomiting & Diarrhea.				48 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Other media, R.				48 hrs.	
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 7640				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. 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)	
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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	
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22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 15, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 3:13P. m., from the causes and on the date stated above.

23a. SIGNATURE Wilton J. Higgins, M.D.		23b. ADDRESS St. Neoton, MO.		23c. DATE SIGNED Aug 16, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug. 16, 1952		24c. NAME OF CEMETERY OR CREMATORY SANDHILL	
24d. LOCATION (City, town, or county) (State) NEW MADRID, MO.					

DATE REC'D BY LOCAL REG. 8-22-52		REGISTRAR'S SIGNATURE Mona Clark Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE RICHARDS	
				ADDRESS NEW MADRID, MO.	

AUG 25 1952

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 852-256

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.....
Student Embalmer

Mt *Embalmed*

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address New Madison

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.