

10.48  
 10.48  
 DECEASED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35774  
 State File No. ....

BIRTH NO. .... REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 26

1. PLACE OF DEATH  
 a. COUNTY New Madrid  
 b. CITY (If outside corporate limits, write RURAL and give township) Lewis Twsp.  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles west of Lilbourn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY New Madrid  
 c. CITY (If outside corporate limits, write RURAL and give township) 0728  
 d. STREET ADDRESS (If rural, give location) 3 miles west of Lilbourn

3. NAME OF DECEASED  
 a. (First) Melvina b. (Middle) Moore c. (Last) Moore  
 4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1952

5. SEX Female 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
 8. DATE OF BIRTH June 5 1948 9. AGE (In years last birthday) 4 4 10 10 10 10  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and State or Foreign Country) Lilbourn, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Moore 13b. MOTHER'S MAIDEN NAME Augusta Pruett 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 Tom Moore - Lilbourn, Missouri ADDRESS

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) ANTECEDENT CAUSES  
 DUE TO (b) Burned to death in home  
 DUE TO (c) Cause of Fire Unknown  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. E9160 16

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lewis New Madrid Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10/15/52 1952 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? Caught fire in home 072

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.S. Hedgkoth Coroner 23b. ADDRESS New Madrid, Mo. 23c. DATE SIGNED 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-17-52 24c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park 24d. LOCATION (City, town, or county) (State) Catron, Missouri

DATE REC'D BY LOCAL REG. 10-21-52 REGISTRAR'S SIGNATURE W.L. Gordon Deputy 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home - Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

120

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.