

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

37363

No. 300  
10. 48

FILED NOV 7 1952

State File No. \_\_\_\_\_

BIRTH NO. 57808 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 202

10030

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scott</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>  |  |
| c. LENGTH OF STAY (in this place) <u>8 Hours</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Box 311</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp.</u>                     |  |  |  |

|                                     |                          |                           |                            |   |
|-------------------------------------|--------------------------|---------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Marsha</u> | b. (Middle) <u>Louise</u> | c. (Last) <u>Stanberry</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-27-1952</u> |
|-------------------------------------|--------------------------|---------------------------|----------------------------|---|

|                      |                               |  |                                   |  |  |  |
|----------------------|-------------------------------|--|-----------------------------------|--|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u> | 8. DATE OF BIRTH <u>8-30-1952</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u>2</u> Days _____ | IF UNDER 12 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|--|-----------------------------------|--|--|--|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u> | 11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| 13a. FATHER'S NAME <u>James Stanberry</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Louise Curd</u> | 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) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>No.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James Stanberry</u> | ADDRESS <u>Morehouse, Mo.</u> |
|---|------------------------------------|--|-------------------------------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>            |
|  | ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> |  |   |
|  | DUE TO (b) _____<br>DUE TO (c) _____   |  | II. OTHER SIGNIFICANT CONDITIONS<br><u>acute Diarrhea</u> |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 10-24, 1952 to 10-27, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

|  |                                    |                                  |
|--|------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>J. M. Lavoie</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Morehouse, Mo.</u> | 23c. DATE SIGNED <u>10-27-52</u> |
|--|------------------------------------|----------------------------------|

|  |                           |   |   |
|--|---------------------------|---|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-29-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u> | 24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R. 1</u> |
|--|---------------------------|---|---|

|  |   |  |                            |
|--|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>10-30-52</u> | REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u> | ADDRESS <u>Dexter, Mo.</u> |
|--|---|--|----------------------------|

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. \_\_\_\_\_

NOV 3 1952

RECEIVED  
SCOTT COUNTY HEALTH CENTER  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-301

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 Walter Marsh Watters

Signed.....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Depter, Md.

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.