

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42873

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

FILED JAN 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dorena</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dorena 0678</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SHARON</u> b. (Middle) <u>KAY</u> c. (Last) <u>DEBAUN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Oct. 26, 1952</u>		9. AGE (In years last birthday) <u>1</u> <u>24</u> <u>4</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or foreign country) <u>C</u> <u>New Madrid Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Melton DeBaun</u>		13b. MOTHER'S MAIDEN NAME <u>Belle M<sup>e</sup> Daniel</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melton DeBaun Dorena, 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>ACCIDENTAL SUFFOCATION</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CHILD FOUND DEAD IN BED WITH MOTHER. PROBABLE CAUSE</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>MOTHER ROLLED ON CHILD IN HER SLEEP.</u>			

19a. DATE OF OPERATION <u>12-20-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>0.7 89240. 12</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DORENA MISS MO</u>	
21d. TIME OF INJURY <u>12-20-52 - m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ACCIDENT</u>	

22. I hereby certify that I attended the deceased from AS CORONER, ONLY, 1952, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>Robert J. Dannelo Jr</u> (Degree or title) <u>CORONER</u>		23b. ADDRESS <u>CHARLESTON, MO.</u>		23c. DATE SIGNED <u>12-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24b. DATE <u>Dec. 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Key Wanna</u>	
24d. LOCATION (City, town, or county) (State) <u>Key Wanna MO</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marie Shelby East Prairie, Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-9-53</u>		REGISTRAR'S SIGNATURE <u>Anna Harper Dept. 197-1</u>			

JAN 12 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JAN 12 1953

**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 Frank Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.