

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 10 1953

3074

Registrar's No. 52

BIRTH NO. 16604 REG. DIST. NO. 333 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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. LENGTH OF STAY (In this place) <u>19 Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Matthews</u>		<u>1720</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>Route 2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>			b. (Middle) <u>Girl</u>		c. (Last) <u>Day</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1953</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>3-17-1953</u>		9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 12 HRS. Days	# UNDER 1 MIN. Hours	Min. <u>21</u>
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 (City and State or Foreign County) <u>New Madrid, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Henry C. Day</u>		13b. MOTHER'S MAIDEN NAME <u>Delphia J. Adams</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry C. Day</u>	
				ADDRESS <u>Matthews, MO FB</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>6 mos. Premature</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 Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</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 3-18, 1953, to 3-18, 1953 that I last saw the deceased alive on 3-18, 1953 and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Jones M.D.</u>		(Degree or title)		23b. ADDRESS <u>Morehouse No. 3-19-53</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>		24d. LOCATION (City, town, or county) (State) <u>Dogwood - MISSISSIPPI - MO</u>		
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Mable Funeral Home E.P. No.</u>		ADDRESS	

RECEIVED APR 6 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 45381

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 J. Edgar Mittle

Licensed Embalmer No. 4695

P. O. Address E. 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.