

3. No. 300
IV. 10. 48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39791

State File No.

BIRTH NO. 80015 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No.

0120
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1. PLACE OF DEATH a. COUNTY <u>New Madrid County</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>Gideon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> <u>0726</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hopkins Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Barham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>4</u> <u>1953</u>		
8. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-2-1953</u>		9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>1</u> IF UNDER 14 HRS. <u>11</u> MIN.
10a. 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>None</u>	11. BIRTHPLACE (State or foreign country) <u>Gideon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Loren Barham</u>		13b. MOTHER'S MAIDEN NAME <u>Marley Yocum</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loren Barham</u> ADDRESS <u>Portageville, Missouri</u>		
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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>atelectasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>35 Hours</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7/020</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>7/020</u>	
21d. TIME (Month) (Day) (Year) (Hour) <u>12-5-53</u>		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 12-2-1953 to 12-4-1953, that I last saw the deceased alive on 12-4-1953 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Hopkins</u> (Degree or title)		23b. ADDRESS <u>Gideon, Mo</u>		23c. DATE SIGNED <u>12-5-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>12-5-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Hopkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark</u> ADDRESS		
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed

Lloyd M. Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509-9rk

P. O. Address Biggs St. Ark

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.

will attach receipt card