

FILED JAN 12 1954

BIRTH NO. ....

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 5821

Registrar's No. ....

## 1. PLACE OF DEATH

## a. COUNTY

New Madrid

## b. CITY (If outside corporate limits, write RURAL and give town)

Matthews

## c. LENGTH OF STAY (in this place)

## 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)

Lilbourn

## d. STREET ADDRESS

(If rural, give location)

## 3. NAME OF DECEASED

## (Type or Print)

Laura

Laura

## b. (Middle)

## c. (Last)

Vann

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

Dec. 11 1953

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

## 8. DATE OF BIRTH

May 12 1873

## 9. AGE (In years last birthday)

80

## 10. UNDER 1 YEAR

6 Months

29 Days

## 11. UNDER 24 HRS.

Hours

Mins.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pensioner

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Union City, Tennessee

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Bill Brockwell

## 13b. MOTHER'S MAIDEN NAME

Martha Brockwell

## 14. NAME OF HUSBAND OR WIFE

unk.

## 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

Algernon Turner-Lilbourn, Mo.

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Generalized arteriosclerosis

## 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.

## INTERVAL BETWEEN ONSET AND DEATH

?

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

4500

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1953, to Dec 9, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

## 23a. SIGNATURE

## (Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

Wm. C. Critchlow M.D.

Sikeston, Mo.

Jan. 7, 1954

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

12-12-53

## 24c. NAME OF CEMETERY OR CREMATORY

Mounds Park Cem.

## 24d. LOCATION (City, town, or county)

Lilbourn, Mo.

## (State)

## DATE REC'D BY LOCAL REG.

1-7-54

## REGISTRAR'S SIGNATURE

Helen Louise Jones

## 25. FUNERAL DIRECTOR'S SIGNATURE

Ponder Funeral Home-Lilbourn, Mo.

## ADDRESS

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

0720  
4

011117

**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 Walter L. Ponder

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.