

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 19 1954		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR Sikeston		c. LENGTH OF STAY (in this place) 17 Hours		c. CITY OR TOWN New Madrid		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) Box 312			
3. NAME OF DECEASED (Type or Print)		a. (First) Ora		b. (Middle) Lee		c. (Last) Allison	
4. DATE OF DEATH		(Month) 2		(Day) 5		(Year) 1954	
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH 6-12-1951	
9. AGE (in years last birthday) 3		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard Allison		13b. MOTHER'S MAIDEN NAME Willie Mae Tucker		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)		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willie Allison, New Madrid, Mo.			
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) Burns, 1st & 3rd degree (80% Surface)  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.  E9160 16				INTERVAL BETWEEN ONSET AND DEATH 29 hrs.	
19a. DATE OF OPERATION Feb 4, 1954		19b. MAJOR FINDINGS OF OPERATION Obstruction + Burn Dressing. Transfusion.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid New Madrid Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 7 1954 11 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Clothes on fire.			
22. I hereby certify that I attended the deceased from Feb 4, 1954, to Feb 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William J. Ferguson, D.M.D.				23b. ADDRESS St. Pistor, Mo.		23c. DATE SIGNED Feb 6, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 6, 1954		24c. NAME OF CEMETERY OR CREMATORY SANDHILL CEMETERY		24d. LOCATION (City, town, or county) (State) NEW MADRID, MISSOURI	
DATE RECD BY LOCAL REG. 2-8-54		REGISTRAR'S SIGNATURE Miss Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard's Undertaking Co. New Madrid, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1954

RECEIVED \_\_\_\_\_

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 254-37

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Tommy L. Roberts  
Licensed Embalmer No. 488

P. O. Address New Market

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.