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FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16716

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY New Madrid		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 TOWN Highway 61 New Madrid		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Lilbourn
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Delt Comm. Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Lillian b. (Middle) _____ c. (Last) Dooley		4. DATE OF DEATH (Month) (Day) (Year) May 9 1954	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 3 1920	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR 6 Months	IF UNDER 24 HRS. 6 Hours	IF UNDER 15 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Portageville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jim Branon	13b. MOTHER'S MAIDEN NAME Maggie Stewart	14. NAME OF HUSBAND OR WIFE C. W. Dooley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 312*28-9696	17. INFORMANT'S SIGNATURE OR NAME C. W. Dooley	ADDRESS Marston, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical Attendant,		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By all record death was DUE TO (c) due to acute Myocarditis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. H. Hedgcock, Coroner	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED May 11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-12-54	24c. NAME OF CEMETERY OR CREMATORY Mounds Park	24d. LOCATION (City, town, or county) (State) Lilbourn, Mo.
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DATE REC'D BY LOCAL REG. 5-12-54	REGISTRAR'S SIGNATURE Helen Lou Jones	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn Mo.	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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Homer L. Ponder*.....

Licensed Embalmer No. *336*

P. O. Address *Lilbourn*.....

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.