

FILED JAN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43097

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 1

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 town or town <u>Sikeston</u>)		c. CITY OR TOWN <u>Lilbourn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		f. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>Pinkman</u>	c. (Last) <u>Landrem</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2 Sept. 20 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian at School</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenway, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Moses Landrem</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Payne</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service) <u>0</u>	16. SOCIAL SECURITY NO. <u>490-28-5550</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite Hawkins-Portageville, Mo.</u>	ADDRESS <u>Portageville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) <u>-----</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	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)
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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? _____
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22. I hereby certify that I attended the deceased from 12-10, 1954, to 12-25, 1954, that I last saw the deceased alive on 12-25, 1954, and that death occurred at 9: a m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Sikeston</u>	23c. DATE SIGNED <u>1-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenway, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JAN 10 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 155-8

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.