

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22989

State File No. ....

0720  
3

FILED AUG 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>New Madrid</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 OR TOWN <u>Rural - Como</u>		c. CITY OR TOWN <u>Rural Como</u>	
c. LENGTH OF STAY (in this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>on dist 8 N.W. of Como, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway 6 miles S of Malden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30-1955</u>	
3. NAME OF DECEASED a. (First) <u>Wilma</u> (Type or Print)		b. (Middle) <u>Douerson</u> c. (Last)	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1937-6-9</u>
9. AGE (In years last birthday) <u>18-0-21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>	11. BIRTHPLACE (State or foreign country) <u>Malden Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Jewell Pickard</u>		13b. MOTHER'S MAIDEN NAME <u>Madge Caldwell</u>	14. NAME OF HUSBAND OR WIFE <u>E H Douerson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Pickard</u> ADDRESS <u>Malden Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull, Cut face</u> ANTECEDENT CAUSES DUE TO (b) <u>Car hit bridge railing</u> DUE TO (c) <u>on highway 63, 6 miles East of Malden</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>East of Malden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8194 31</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Como Twp New Madrid, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 30-55-4Pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit railing of bridge</u>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D S Hedgcock, Coroner</u>		23b. ADDRESS <u>New Madrid, Mo</u>	23c. DATE SIGNED <u>June 30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>North of Malden Mo</u>
DATE REC'D BY LOCAL REG. <u>July 15, 55</u>	REGISTRAR'S SIGNATURE <u>D S Hedgcock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W Thomas G Knight</u>	ADDRESS <u>Malden Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED AUG 4 1955  
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Thomas C Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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.