No. 300
10-48

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

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24975

BIRTH NO: 30644-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN: Catron
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) Lillie b. (Middle) Marie c. (Last) Austin

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Baby

8. DATE OF BIRTH: 5 23 1955

9. AGE (In years last birthday): 0 IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (City and State or Foreign Country): Catron, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Austin

13b. MOTHER'S MAIDEN NAME: Jimmie Mae Haskins

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): 0 (If yes, give war or dates of service): 0

16. SOCIAL SECURITY NO.: 0

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jimmie Mae Austin, Catron 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Infectious Diarrhea — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 571C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Marked dehydration — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) m.:
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* 7/3 *, 19*55*, to* 7/3 *, 19*55*, that I last saw the deceased alive on* 7/3 *, 19*55*, and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE. (Degree or title): Wm. C. Critchlow MD
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: July 7, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-4-55
24c. NAME OF CEMETERY OR CREMATORY: Simmons Burial
24d. LOCATION (City, town, or county) (State): Catron, Mo

DATE REC'D BY LOCAL REG.: July 13-55
REGISTRAR'S SIGNATURE: Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bonder Funeral Home-Tiltown, Mo

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JUL 18 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-185

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not embalmed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.