

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24985

State File No. ....

FILED JUL 25 1955

BIRTH NO. 41322-55 REG. DIST. 33 PRIMARY REG. DIST. NO. 3074 Registrar's No. 87

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 township) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Portageville</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) <u>15 hours</u>		STREET ADDRESS (If rural, give location) <u>200 Seventh Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Becky</u> b. (Middle) <u>Jo</u> c. (Last) <u>Mullins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>6-26-1955</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>15</u> Min.
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) <u>Sikeston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John William Mullins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Foster</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>White</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John William Mullins, Portageville, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory - bronchitis pneumonia</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory Distress</u>		
	DUE TO (c) <u>Membrane</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776X</u>			

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) (Min.)	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 6-26, 1955, to 6-26, 1955, that I last saw the deceased alive on 6-26, 1955 and that death occurred at 3:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ad. Martin</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Sikeston, MO</u>	23c. DATE SIGNED <u>6-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>June 26 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 15-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. C. Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Delisle Funeral Parlor</u>	ADDRESS <u>Portageville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUL 18 1953  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 653-144

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 Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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