No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28650

State File No.

FILED SEP 9 1955

BIRTH NO. 46023-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 125

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): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delta Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Elgie b. (Middle) Jr. c. (Last) Johnson
4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: July 12, 1955
9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months 1 Days 2 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New Madrid, Co
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Elgie Johnson
13b. MOTHER'S MAIDEN NAME: Francis Ella Minner
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Elgie Jr. Johnson ADDRESS: New Madrid Mo

MEDICAL CERTIFICATION

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): Infectious Diarrhea — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 5710

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 ☐ 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* 8-12, 1955, *to* 8-14, 1955, *that I last saw the deceased alive on* 8-14, 1955, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Wadlow (Degree or title) MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 8-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 14-1955
24c. NAME OF CEMETERY OR CREMATORY: Minner Cemetery
24d. LOCATION (City, town, or county) (State): Near New Madrid Mo

DATE REC'D BY LOCAL REG.: 8-29-55
REGISTRAR'S SIGNATURE: Mrs Ollie Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE: Richards Undtr. ADDRESS: New Madrid Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED SEP 6 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 955-189

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 ..... Student Embalmer Not Embalmed

Signed Tomas P. Doherty

Licensed Embalmer No. 4886

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.