No. 300
10.46

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34150

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois COUNTY: St.Clair
c. CITY OR TOWN: East St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 4801 N.Park Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Bell
c. (Last): Johns

4. DATE OF DEATH (Month) (Day) (Year): Oct.13,1955

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 28 1881
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Saline County Ill;
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W.J.Smith
13b. MOTHER'S MAIDEN NAME: Emaline Seets
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ermon R.Johns
ADDRESS: 4801 S.Park Drive East St.Louis Ill.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): ANGINA PECTORIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

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

DUE TO (b): UNKNOWN

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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* 10-10-, 19[illegible], *to* 10-13-, 19[illegible], *that I last saw the deceased alive on* 10-13-, 19[illegible], *and that death occurred at* 3:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title):
23b. ADDRESS: PARMA - MO
23c. DATE SIGNED: 10-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct.16 1955
24c. NAME OF CEMETERY OR CREMATORY: St.Clair Memorial
24d. LOCATION (City, town, or county) (State): East St.Louis Illinois

DATE REC'D BY LOCAL REG.: 10/17/55
REGISTRAR'S SIGNATURE: Dr Geo W Hunter M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Fun. Serv.
ADDRESS: Parma Mo;

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED OCT 25 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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter M

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 [illegible]med by a STUDENT, he also shall sign in his OWN handwriting.
[illegible] body is not embalmed, fact should be so stated above.