

No. 300
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

89563-55
FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41430
State File No.

BIRTH NO. <u>724</u>		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Como</u> c. LENGTH OF STAY (in this place) <u>birth</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 miles S E Malden, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY OR TOWN <u>Rural</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) <u>5 miles S E Malden, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Unnamed</u> b. (Middle) <u></u> c. (Last) <u>Alberson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 15, 55</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>		8. DATE OF BIRTH <u>15 Dec 1955</u>		9. AGE (In years last birthday) <u>0</u> <u>15</u> If UNDER 1 YEAR: Months <u></u> Days <u></u> If UNDER 14 HRS: Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Arvel S. Alberson</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Pearl Grissom</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arvel S. Alberson, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Immature (20 months gestation)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>776x</u>		19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>---</u>		22. I hereby certify that I attended the deceased from <u>15 Dec</u>, 1955, to <u>15 Dec</u>, 1955, that I last saw the deceased alive on <u>15 Dec</u>, 1955, and that death occurred at <u>3:15p m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Williams</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Malden, Missouri</u>		23c. DATE SIGNED <u>15 Dec 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>15 Dec 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Residence - premises</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/24/55</u>		REGISTRAR'S SIGNATURE <u>Dr. George H. Husted M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>---</u>			

DATE RECEIVED JAN 5 1955
NEW MADRID CO. HEALTH CENTER
REC'D 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 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**. (Failure 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.