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FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41432**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5826** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) LaF ont Twsp	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 miles S. of Mounds Cem.		e. STREET ADDRESS (If rural, give location) 0725	

3. NAME OF DECEASED (Type or Print) a. (First) Joyce	b. (Middle) Marie	c. (Last) Cobb	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1955
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 15 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 (City and State or Foreign Country) New Madrid Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Damon Cobb	13b. MOTHER'S MAIDEN NAME Anna Mae Grant	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Damon Cobb-Portageville, Mo.	ADDRESS R. 1 B. 18
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patens interstital renal.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. congenital		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7541			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **12-15-**, 1955, to **12-16-**, 1955, that I last saw the deceased alive on **12-16-**, 1955, and that death occurred at **7 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Cameron M.D.	23b. ADDRESS Marston - Mo	23c. DATE SIGNED 12-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-55	24c. NAME OF CEMETERY OR CREMATORY Sand Hill Cem.	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 12-18-55	REGISTRAR'S SIGNATURE H.L. Ponder Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Friends.	ADDRESS _____
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(Licensed Emballer's Statement on Reverse Side)

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

Cameron -
Murston

DATE RECEIVED DEC 20 1955
NEW MADRID CO. HEALTH CENTER
P. J. L.

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.....
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. (F 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.