

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43138**

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 3074	Registrar's No. 1925
1. PLACE OF DEATH a. COUNTY Scott		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 township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Lilbourn	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 Mo. Delta Community		e. STREET ADDRESS (If rural, give location) ---		
3. NAME OF DECEASED (Type or Print) a. (First) Savana		b. (Middle) -	c. (Last) Householder	4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 13 1889	9. AGE (In years) (Last birthday) 66
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) Ark.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Wt. Householder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. E. Householder, New Madrid, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 12-23, 1955 , to 12-24, 1955 , that I last saw the deceased alive on 12-24, 1955 , and that death occurred at 4:00 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) L. S. Darno, M.D.		23b. ADDRESS Morehouse, Mo.	23c. DATE SIGNED 12-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 25, 1955	24c. NAME OF CEMETERY OR CREMATORY Mounds	24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	
DATE REC'D BY LOCAL REG. 12-28-55	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	429-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Und't Co. New Madrid, Mo.	

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

DATE RECEIVED JAN 3 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 156-1

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 James H. Bohrer

Licensed Embalmer No. 488

P. O. Address New Madison

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.