

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2125**

No. 300
10.48

BIRTH NO. **94292-55** REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **5820** Registrar's No. **5**

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 township) OR TOWN Clarkton (Anderson Twp)	c. LENGTH OF STAY (In this place) 6 Wks.	c. CITY OR TOWN Clarkton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		f. STREET ADDRESS (If rural, give location) Rural (Anderson Twp)	

3. NAME OF DECEASED (Type or Print) a. (First) Danny	b. (Middle) Lavern	c. (Last) Mikel	4. DATE OF DEATH (Month) (Day) (Year) 1 27 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 18, 1955
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	9b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 1 Days 9
10. CITIZENSHIP (City and State or Foreign Country) Kennett, Missouri		11. BIRTHPLACE (City and State or Foreign Country) Kennett, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME J.W. Mikel	13b. MOTHER'S MAIDEN NAME Sue Thrasher	14. NAME OF HUSBAND OR WIFE Unmarried
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 Sue Mikel ADDRESS Clarkton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ANTECEDENT CAUSES		
	DUE TO (b) No. Medical Attendant.		
	DUE TO (c) Cause of death unknown		
	II. OTHER SIGNIFICANT CONDITIONS		
	Was found dead in bed		

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 2/8/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-28-1956	24c. NAME OF CEMETERY OR CREMATORY Lloyd Cemetery	24d. LOCATION (City, town, or county) (State) Holcomb, Missouri

DATE REC'D BY LOCAL REG. 2-9-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED FEB 14 1956
NEW MADRID CO. HEALTH CENTER
D. 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 Lloyd Russell
Licensed Embalmer No. 509
P. O. Address Piggott

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.