

FILED MAR 23 1956

## STANDARD CERTIFICATE OF DEATH

12017

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston</b>		c. LENGTH OF STAY (in this place) <b>25 Days</b>		c. CITY OR TOWN <b>Portageville</b>		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 <b>Mo. Delta Community Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Route #3</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b>		b. (Middle) <b>Lynette</b>		c. (Last) <b>Allen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 6 1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>2-10-1956</b>		9. AGE (in years last birthday) <b>-</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Portageville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>unk.</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Allen</b>		14. NAME OF HUSBAND OR WIFE <b>0</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leona Allen, Portageville, Mo.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ATALECTASIS, CONGENITAL</b>  ANTECEDENT CAUSES 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. <b>PREMATURITY - 34 wks. gestation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>25 days.</b>    <b>25 days.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<b>76 25</b>		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) (Min.)		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 <b>2-10</b> , 19 <b>56</b> , to <b>3-6</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-6</b> , 19 <b>56</b> , and that death occurred at <b>9:30 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Ruda B. Smith M.D.</b>				23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>3-12-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7 March 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lathan Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>New Madrid, Mo</b>				
DATE REC'D BY LOCAL REG. <b>3-16-56</b>		REGISTRAR'S SIGNATURE <b>Mr. E. W. Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Untler</b>		ADDRESS <b>New Madrid, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 19 1956  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 356-73

**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

*was not embalmed*

Signed Tammy C. Roberts  
Licensed Embalmer No. ....

P. O. Address Green Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.