No. 300
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FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12837

BIRTH NO. 25729-56 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dunklin Co. Memo Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Mad.
c. CITY OR TOWN Portageville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) 0720

3. NAME OF DECEASED (Type or Print)
a. (First) June
b. (Middle) Allen
c. (Last) Stevens

4. DATE OF DEATH (Month) Apr (Day) 23 (Year) 1956

5. SEX Fem
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH Apr. 21, 1956
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days 2 — IF UNDER 24 HRS.: Hours 2 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and State or Foreign Country) Gideon Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME June Wade Stevens
13b. MOTHER'S MAIDEN NAME Billy Jean Angile
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Mary Belle Stevens — **ADDRESS** Portageville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Fitalis — INTERVAL BETWEEN ONSET AND DEATH: Pt. lived 2 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7700
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22, 1956, *to* April 23, 1956, *that I last saw the deceased alive on* April 22, 1956, *and that death occurred at* 6:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Paul C. Miltenberger M.D.
23b. ADDRESS Kennett, Mo.
23c. DATE SIGNED 5-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 24, 1956
24c. NAME OF CEMETERY OR CREMATORY Mounds Cem.
24d. LOCATION (City, town, or county) New Madrid Co. (State) Mo

DATE REC'D BY LOCAL REG. May 5-56
REGISTRAR'S SIGNATURE Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE Debisle Funeral Parlor — **ADDRESS** Portageville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEA
DEPARTMENT 5-7-56
COUNTY FILE NUMBER 556

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by ....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLuale
Licensed Embalmer No. 44
P. O. Address Portageville

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.