

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 2 1956

BIRTH NO.

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 5821

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Matthews		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braggadocio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Matthews, Rt. 2		d. STREET ADDRESS (If rural, give location) Box 183	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ida c. (Last) Alexander		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 23, 1871
9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Hardin County, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Owen		13b. MOTHER'S MAIDEN NAME Ellen Alexander	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lantie Cole Braggadocio, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophic arthritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHOLE AT WORK ☐ NOT WHOLE AT WORK ☐	
21e. HOW DID INJURY OCCUR?		21f. DATE SIGNED June 28, 1956	
22. I hereby certify that I attended the deceased from 4/26, 1956, to 5/15, 1956, that I last saw the deceased alive on 5/15, 1956, and that death occurred at 5:25 P.M., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) Wm. C. Citchlow, M.D.	
23a. ADDRESS Sikeston, Mo.		23b. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 17, 1956	
24c. NAME OF CEMETERY OR CREMATORY Cirro Gordo Cemetery		24d. LOCATION (City, town, or county) (State) Savannah, Tennessee	
24e. DATE REC'D BY LOCAL REG. 26 June 56		24f. REGISTRAR'S SIGNATURE Fay Hedgepeth	
24g. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith		24h. ADDRESS Funeral Home C'ville. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 27 1956
NEW MADRID CO. HEALTH CENTER

P. J. S.

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
Student Embalmer

Signed

W. Denver Pike

Licensed Embalmer No. 4484

P. O. Address

Caruthersville, Mo.

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 this body is not embalmed, fact should be so stated above.