

FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32844

BIRTH NO. 47063-56 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID 8120</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>723 Russell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. DELTA COMMUNITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LANDA</u> b. (Middle) <u>K</u> c. (Last) <u>DORROUGH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-22-56</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucas</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>JULY-15-1956</u>		9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>BROVER DORROUGH</u>		13b. MOTHER'S MAIDEN NAME <u>JARAH WOODS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brover Dorrough</u> ADDRESS <u>New Madrid</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea, enteric</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES		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		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)		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 9-21, 1956, to 9-22, 1956, that I last saw the deceased alive on 9-22, 1956, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>217 S. Kingshighway Sikeston, Missouri</u>		23c. DATE SIGNED <u>9-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Richard's Undertaking Co. New Madrid, MO</u>			
DATE REC'D BY LOCAL REG. <u>9-23-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

DATE RECEIVED OCT 1 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1056-204

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

*Terry L. Roberts*

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.

*Not Embalmed*