

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

5701802

STATE FILE NUMBER

49099-56 Registration District No. 238 Primary Registration District No. 5824 Registrar's No. 23

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, give TOWNSHIP only) OR TOWN St. Johns		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Matthews Mo. Rt. 2		Include Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South Of E. Prairie			Length of stay in 1b 8 months	d. STREET ADDRESS (If outside, give location) Matthews Mo. Rt. 2			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Rebecca Lynn Stucker				First Rebecca	Middle Lynn	Last Stucker	4. DATE OF DEATH March 31-1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27-1956		9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 8 Days Hours Min.
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 country) Sikeston Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Leland Stucker				14. MOTHER'S MAIDEN NAME Alide Marjorie Miller			
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 Leland Stucker Matthews Rt. 2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 491X						19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 27, 1956 to March 30, 1957 and last saw her alive on March 30, 1957 . Death occurred at March 31, 1957 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) L. Matthews				22b. ADDRESS Sikeston Mo.		22c. DATE SIGNED 4/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/1/57	23c. NAME OF CEMETERY OR CREMATORY W.O.W.		23d. LOCATION (City, town, or county) East Prairie Mo.		(State)
24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 10 May 57	26. REGISTRAR'S SIGNATURE Foy Redgord		

DATE RECEIVED JUN 3 1957
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
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.