

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28855
STATE FILE NUMBER

FILED SEP 9 1957
Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lilbourn Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 16	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Nona Burch			4. DATE OF DEATH Aug 29 57		
5. SEX Female			6. COLOR OR RACE Colored		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Feb 2, 1900		
9. AGE (In years last birthday) 57			IF UNDER 1 YEAR Months 6 Days 27		IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Golden Lake, Ark	
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME Charles Wright		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. None		17. INFORMANT Will Burch Lilbourn, Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer breast and stomach and intestines		INTERVAL BETWEEN ONSET AND DEATH 1998
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(n)		19. WAS AUTOPSY PERFORMED? 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 12:40 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 Lilbourn, Mo.	COUNTY New Madrid	STATE
21. I attended the deceased from June 1 57 to Aug 29 57 and last saw her/him alive on Aug 29 57 at 6:00 pm . Death occurred at 12:40 A. 1 m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE E. E. Jones MD (Degree or title)		22b. ADDRESS Lilbourn, Mo.		22c. DATE SIGNED Aug 30 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 1, 57	23c. NAME OF CEMETERY OR CREMATORY Sand Hill Cemetery	23d. LOCATION (City, town, or county) New Madrid, Mo.	(State)
24. FUNERAL DIRECTOR Ponder Funeral Home Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 9-2-57	26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 00 56
 18-0

DATE RECEIVED SEP 4 1957
NEW BRIDGES CO. HEALTH CENTER
P. J. L.

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 *David H. Ponder*

Licensed Embalmer No. *520*

P. O. Address *Lilburn, Ga.*

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.