Health, & Welfare Public Service

. 300
1-57

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

2113
STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 5

| | |
|---|---|
| 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 OR TOWN (If outside corporate limits, give TOWNSHIP only): Portageville — Inside Limits: Yes [X] No [ ] | c. CITY OR TOWN: Portageville 072 — Inside Limits: Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 107 E. 5th, St. — Length of stay in Hospital: 8 Mo. | d. STREET ADDRESS (If outside, give location): 107 E. 5th, St. — Reside on Farm: Yes [ ] No [X] |

3. NAME OF DECEASED (Type or print): First: Roxie Middle: Ann Last: Muse

4. DATE OF DEATH: Month: Jan. Day: 28 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 7-19-1879

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (City and state or country): Obion County, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT: Arthur Muse — Address: Portageville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Lobar Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Bacterial infection — 5 days

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 490 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 23 Jan 58, to 27 Jan 58 and last saw her alive on 27 Jan 58. Death occurred at 1:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Andrew E. Painter (Degree or title) M. D.

22b. ADDRESS: 223 King St. Portageville, Mo.

22c. DATE SIGNED: 29 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-29-58

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Portageville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Osburn Funeral Home, Wardell, Mo.

25. DATE RECD. BY LOCAL REG.: 1/31/58

26. REGISTRAR'S SIGNATURE: Ellen Mc Lisle Milam

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED FEB 4 1958
NEW MADRID CO. HEALTH CENTER
P.J.S.

FEB 27 1958

FEB 25 1958

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 James A. Osborn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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