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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27500

FILED SEP 9 1949

State File No. 27500

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5840 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Talapoosa Anderson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Talapoosa</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Del.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE</b>	b. (Middle) <b>LOUISE</b>	c. (Last) <b>SPICER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>X</b>	8. DATE OF BIRTH <b>Dec. 27, 1942</b>
9. AGE (In years last birthday) <b>6</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Everett Stone</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Evans</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Everett Stone Talapoosa Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strepto Coccic Septicemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Strepto coccic Tonsillitis</b>		
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) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to **8-21**, 19**49**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:20 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>St. Stephen, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Dixon, Mo.</b>	23c. DATE SIGNED <b>8/25/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 21, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Portageville</b>	24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-30-49</b>	REGISTRAR'S SIGNATURE <b>Dr. Byron Sharp</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. SMITH FUNERAL HOME GAROTHERSVILLE, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 61  
District Health Office No  
District File Number 944-  
Date Filed \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_ king under my personal supervision.

\_\_\_\_\_ sent \_\_\_\_\_  
Student Embalmer

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

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.