

FILED MAY 22 1950

STANDARD CERTIFICATE OF DEATH

17605

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5827</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</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>Lilbourn Township</u>		c. LENGTH OF STAY (in this place) <u>4 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lilbourn Rfd. #1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION --				3. NAME OF DECEASED a. (First) <u>Georgia</u> b. (Middle) <u>Maie</u> c. (Last) <u>Stewart</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>28</u> <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	
8. DATE OF BIRTH <u>July 5th, 1917</u>		9. AGE (In years, last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charley Wooders</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Cannon</u>		14. NAME OF HUSBAND OR WIFE			
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'S SIGNATURE OR NAME ADDRESS <u>Willie B. Stewart Sikeston, Mo. rt #1</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to Death</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in home</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>89160</u> <u>1/10</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>072</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lilbourn New Madrid Mo.</u>		21d. HOW DID INJURY OCCUR <u>Burned in Home Cause unk.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 28 50 6 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. S. Hedgcock 3-Coroner.</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>4/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carpenter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McMullin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 11 1950</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Clayton Sikeston</u>		ADDRESS <u>Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

720

RECEIVED MAY 15 1950
District Health Office No. 2
District File Number 550-29
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 _____

working under my personal supervision.

Student Embalmer No. 562

Signed. Bullie Parsons (Hyp/Kiss)
Student Embalmer

Signed. John Allenton

Licensed Embalmer No. 2941

P. O. Address Seaford, N.C.

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.