

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24145

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 38	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY NEW MADRID		b. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID		c. LENGTH OF STAY (In this place) 0		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED		a. (First) LOTTIE		b. (Middle) JANE		c. (Last) WEEKS	
4. DATE OF DEATH		a. (Month) June		b. (Day) 29		c. (Year) 1950	
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 4 - 1894	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 25		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Madrid, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES BROGLIN		13b. MOTHER'S MAIDEN NAME ANNIE VONDREY		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME W.C. H. WEEKS, NEW MADRID.		ADDRESS	
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis -					
		ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arthritis - Coxitis					
		DUE TO (c) Osteoarthritis Spine					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 June 1943, to June 30, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 3 A. M., from the causes and on the date stated above.							
23a. SIGNATURE O.B. Chandler				23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 6/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Maunds		24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.	
DATE REC'D BY LOCAL REG. 7/10/50		REGISTRAR'S SIGNATURE Helen Lou Jones		25. FUNERAL DIRECTOR'S SIGNATURE 216 Richards		ADDRESS Wadell Co. New Madrid Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 14 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

AUG 5

1950

AUG 17 1950

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
Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid 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.