

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13359

Registrar's No. 10

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5828

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 (If outside corporate limits, write RURAL and give township) OR TOWN Lewis Twsp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewis Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles west of Lilbourn		d. STREET ADDRESS (If rural, give location) 3 miles west of Lilbourn	
3. NAME OF DECEASED (Type or Print) a. (First) Marcus b. (Middle) Noah c. (Last) Stallion			4. DATE OF DEATH (Month) (Day) (Year) April 9 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14 1900
9. AGE (In years last birthday) 50		10. MONTHS 11	11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Noah Stallion	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Laura Stallion	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes war		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Laura Stallion
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) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		4343	
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)	
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 Apr 9, 1951 , to Apr 9, 1951 , that I last saw the deceased alive on Apr 9, 1951 , and that death occurred at 5 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Gerold N. N. [Signature]		23b. ADDRESS Parma, Mo	
23c. DATE SIGNED Apr. 14, 1951		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-11-51		24c. NAME OF CEMETERY OR CREMATORY Dexter	
24d. LOCATION (City, town, or county) (State) Dextera, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Ponder Deputy	
DATE REC'D BY LOCAL REG. 4-15-1951		ADDRESS Ponder Funeral Home-Lilbourn, Mo.	

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

RECEIVED

APR 18 1951

DISTRICT HEALTH OFFICE No. 6

File No.

APR 26 1951

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.

Signed.....
Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.