

## STANDARD CERTIFICATE OF DEATH

State File No. 3626

FILED FEB 1 1952

BIRTH NO. 12646 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		b. COUNTY Mississippi	
c. LENGTH OF STAY (in this place) 50 Days		c. CITY (If outside corporate limits, write RURAL and give township) East Prairie, 8691	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lillie	b. (Middle) Elaine	c. (Last) Garden	(Month) January	(Day) 22,	(Year) 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH Sept. 26, 1951	9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 27	IF UNDER 12 HRS. Hours —	IF UNDER 12 HRS. Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (State or foreign country) East Prairie, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A/
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13a. FATHER'S NAME Charles Garden	13b. MOTHER'S MAIDEN NAME ? Johnson	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Harry Ishmael	ADDRESS East Prairie, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial		INTERVAL BETWEEN ONSET AND DEATH 3 days	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibrotic disease of lungs			Congested
	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 7562	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-26, 1951, to 1-22, 1952, that I last saw the deceased alive on 1-22, 1952, and that death occurred at 1:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. D. Winters MD	(Degree or title)	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED 1-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-52	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) East Prairie Mo.
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DATE REC'D BY LOCAL REG. 1-23-52	REGISTRAR'S SIGNATURE Mrs. Olla Hirsch	FUNERAL DIRECTOR'S SIGNATURE Shelby	ADDRESS East Prairie, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 28 1952  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 102-20

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.