

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5835

FILED MAR 13 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 9

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| 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>Lewis Twsp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewis Twsp</u> <u>0720</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>3 miles west of Lilbourn</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Lilbourn</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabell</u> b. (Middle) <u>Collins</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-52</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 15 1973</u> | 9. AGE (In years last birthday) <u>78</u> If under 1 year Months <u>2</u> Days <u>22</u> If under 12 hrs. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Ben Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Cravens, Lilbourn, Missouri</u> ADDRESS |
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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) <u>Informant of age</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>794X</u> | 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) m. | 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 2/29, 1952, to 2/29, 1952, that I last saw the deceased alive on 2/29, 1952, and that death occurred at 3:30am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John H. Laberson - M.D.</u> (Degree or title) | 23b. ADDRESS <u>Lilbourn, Mo.</u> | 23c. DATE SIGNED <u>3/7/52</u> |
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| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24a. DATE <u>3-9-52</u> | 24b. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem.</u> | 24c. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>3-9-52</u> | REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u> ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

John H. Roberson

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.