

S. No. 300
KY. 10.48

STANDARD CERTIFICATE OF DEATH

1953

State File No. 108 Registrar's No. 108

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY SCOTT		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 town) SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL		d. STREET ADDRESS (If rural, give location) -----	
3. NAME OF DECEASED (Type or Print) BEVERLY		4. DATE OF DEATH (Month) (Day) (Year) MAY 28, 1952	
a. (First) b. (Middle) ANN c. (Last) TURNER			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH APRIL 3, 1952
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		9b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 1 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		11. BIRTHPLACE (State or foreign country) NEW MADRID, MISSOURI	
13a. FATHER'S NAME EDWARD TURNER		13b. MOTHER'S MAIDEN NAME VINIA FOSTER	12. CITIZEN OF WHAT COUNTRY? U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----		16. SOCIAL SECURITY NO. -----	14. NAME OF HUSBAND OR WIFE -----
17. INFORMANT'S SIGNATURE OR NAME EDW. TURNER		ADDRESS NEW MADRID,	
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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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"/>
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 May 27, 1952, to May 28, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 1:02 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. C. Citchlow (Degree or title) M.D.		23b. ADDRESS Sikeston, mo	23c. DATE SIGNED May 30, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 29-52	24c. NAME OF CEMETERY OR CREMATORY SANDHILL	24d. LOCATION (City, town, or county) (State) NEW MADRID MISSOURI
DATE REC'D BY LOCAL REG. JUNE 4-52	REGISTRAR'S SIGNATURE Mrs. G. H. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RICHARDS FUNERAL SER. NEW MADRID MO.	

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

on 0300

RECEIVED 6-9-52
SCOTT COUNTY HEALTH CENTER
C. FILE NO: 652-167

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

Not Embalmed

Signed Raymond Wilson

Licensed Embalmer No. 4884

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.