

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10887**

0.300
0.48

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

FILED APR 9 1954

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Sikeston c. LENGTH OF STAY (in this place) 26 Days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Delta Community Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN New Madrid d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 0721 -----	
3. NAME OF DECEASED (Type or Print) a. (First) Allan b. (Middle) ----- c. (Last) Pannel			4. DATE OF DEATH (Month) (Day) (Year) 3 26 1954
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-6-1880
9. AGE (In years last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mose Pannel	
13b. MOTHER'S MAIDEN NAME Cornelia Gladney		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you, give year of date of service) UNK.	17. INFORMANT'S SIGNATURE OR NAME Naomi Johnson, Chicago, Ill.	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Liver	INTERVAL BETWEEN ONSET AND DEATH unknown
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Site - Prostate	unknown
		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"/> 177 X
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 1-Mar, 1954 , to 26-Mar, 1954 , that I last saw the deceased alive on 26-Mar, 1954 , and that death occurred at 10:25 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H.B. Throgmorton M.D.		23b. ADDRESS Dikeston, MO.	23c. DATE SIGNED 27-Mar 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 31, 1954	24c. NAME OF CEMETERY OR CREMATORY SANDHILL	24d. LOCATION (City, town, or county) (State) NEW MADRID, MO.
DATE REC'D BY LOCAL REG. 4-3-54	REGISTRAR'S SIGNATURE <i>Max Clayton</i>	25. FUNERAL DIRECTOR'S SIGNATURE Richard's Undertaking Co. New Madrid, Mo.	

DATE RECEIVED APR 5 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 454-73

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.....
Signature of Student Embalmer

Signed Thomas L. Roberts

Licensed Embalmer No. 9886

P. O. Address New York

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.