

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17419

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY <u>Scott</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 town) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>New Madrid</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		STREET ADDRESS (If rural, give location) <u>208 Line St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>	b. (Middle) <u>Larue</u>	c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>10</u> <u>1955</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>Never Married</u>	8. DATE OF BIRTH <u>12-4-1936</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>Exie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Exie McDonald, New Madrid, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>31 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Skull Fracture</u>		
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 <u>Tuberculous thorax, R. pleur. abs 2nd R. + chloride, saculations, spleen, rectum, bladder, ovary, R. on a car R., skull, paramet.</u>			<u>71 hrs.</u>

19a. DATE OF OPERATION <u>5/19/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Dissection bladder, spleen, rectum, ovary R. Tuberculous thorax</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5</u> <u>8</u> <u>55</u> <u>11:00</u> a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from 5/8, 1955, to 5/10, 1955, that I last saw the deceased alive on 5/10, 1955, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. Bourque, M.D.</u>	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>5/11/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-19-55</u>	REGISTRAR'S SIGNATURE <u>Mr. Ellet [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Undert Co. New Madrid, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

03
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MAY 23 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 555-107

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 Tommy S. Roberts

Licensed Embalmer No. 4886

P. O. Address New Market

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.