

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30256**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY COOK	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-New Madrid	c. LENGTH OF STAY (in this place) 2Wks	c. CITY OR TOWN Chicago	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2miles W. New Madrid		e. STREET ADDRESS (If rural, give location) 1945 South Kedzie St. 41208	

3. NAME OF DECEASED (Type or Print)	a. (First) Barbra	b. (Middle) -----	c. (Last) Wilbourn	4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 27, 1952	9. AGE (In years last birthday) 3 Months 2 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gubie Wilbourn	13b. MOTHER'S MAIDEN NAME Minnie Mose	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. None	17. INFORMANT'S SIGNATURE OR NAME Cubie Wilbourn ADDRESS New Madrid, 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) No. Medical attendat	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Cause of death DUE TO (c) Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. S. Hedgcock (Degree or title)	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED Sept. 20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 10, 55	24c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery	24d. LOCATION (City, town, or county) (State) New Madrid, Missouri
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DATE REC'D BY LOCAL REG. 23 Sept. 55	REGISTRAR'S SIGNATURE Tommy L. Liberty	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undertaking Co. New Madrid, Mo. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1955

DATE RECEIVED SEP 26 1955
NEW MADRID CO. HEALTH CENTER
P. J. S.

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 James L. Holbert

Licensed Embalmer No. 8880

P. O. Address New Madrid

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.