

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31490**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago Heights	
c. LENGTH OF STAY (in this place) 12 Days		d. STREET ADDRESS (If rural, give location) 1156 Berklev Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 723 Russell			

3. NAME OF DECEASED (Type or Print) a. (First) Sandra b. (Middle) Lee c. (Last) Bickham			4. DATE OF DEATH (Month) (Day) (Year) Sent. 20, 56		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 13, 1956	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 7 Days 7 Hours 120 Min. 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Chicago Heights, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ollie Brickam	13b. MOTHER'S MAIDEN NAME Bertha Lee Robinson	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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bertha Lee Robinson	ADDRESS Chicago Heights, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis Malnutrition Ostia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Improper diet. 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 7720	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 **Sept 19, 1956** to **Sept 20, 1956**, that I last saw the deceased alive on **Sept 19, 1956**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE O.B. Chandler	(Degree or title)	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 9/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 21 Sept. 56	24c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 20 Sept 56	REGISTRAR'S SIGNATURE Jay Hedges	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undertaking Co.	ADDRESS New Madrid, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

DATE RECEIVED SEP 21 1920
NEW MADRID CO. HEALTH DEPT.
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 _____
Student Embalmer

not Embalmed

Signed Jenny H. Roberts

Licensed Embalmer No. 4886

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 this body is not embalmed, fact should be so stated above.