

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36739**

FILED OCT 21 1957

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY New Madrid		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 OR TOWN Rural-Lewis twsp)	c. LENGTH OF STAY (In this place) 1 Mo.	c. CITY OR TOWN Catron	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles East of Catron		e. STREET ADDRESS (If rural, give location) 2 miles East of Catron	

3. NAME OF DECEASED (Type or Print) a. (First) Juanita Grace b. (Middle) _____ c. (Last) Duff			4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1957		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept 17, 1957		9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months Days Hours Min.
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 (City and State or Foreign Country) Catron, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Baron Dugg		13b. MOTHER'S MAIDEN NAME Clemon T. Pride		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Baron Duff-Catron, Mo. ADDRESS _____	

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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 7630	(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 **Oct 8, 1957** to **Oct 10, 1957**, that I last saw the deceased alive on **Oct 8, 1957**, and that death occurred at **4:30 p m.**, from the causes and on the date stated above.

23a. SIGNATURE E. S. Jones (Degree or title) M.D.	23b. ADDRESS Lilbourn, Mo.	23c. DATE SIGNED Oct 11, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 11, 1957	24c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park
24d. LOCATION (City, town, or county) Catron, Mo.		(State) _____

DATE REC'D BY LOCAL REG. 10-11-57	REGISTRAR'S SIGNATURE H. L. Ponder Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

218
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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 *M. J. Embalmer*
Signature of Student Embalmer

Signed *David H. Ponder*

Licensed Embalmer No. *5232*

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