No. 300
10-48

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2123

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 1

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

1. PLACE OF DEATH
a. COUNTY: New Madrid CO.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn, MO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anna Jane Whitlock

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: New M
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): City Of Lilbourn
d. STREET ADDRESS (If rural, give location): N.W. Lilbourn, MO.

0720

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Jane
c. (Last): Whitlock

4. DATE OF DEATH (Month) (Day) (Year): Jan 4. 1958

5. SEX: F. 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: June 27. 1888
9. AGE (In years last birthday): 70 — If under 1 year: Months 70, Days 70 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Non
11. BIRTHPLACE (State or foreign country): Miss 1
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Baron Newels
13b. MOTHER'S MAIDEN NAME: Mugg Rose Mack
14. NAME OF HUSBAND OR WIFE: Whitlock Dead

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.: 239-14-0894A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Morie Thomas Lilbourn, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Burned to death in Home

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause of Fire Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
9160
16

20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewis New Madrid, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/4/58 2000 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Burned to death in Home 072

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 2000 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo Hedgepeth Coroner 3
23b. ADDRESS: New Madrid Mo.
23c. DATE SIGNED: 1/7/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 6 58
24c. NAME OF CEMETERY OR CREMATORY: Fannie Powel
24d. LOCATION (City, town, or county) (State): Near Lilbourn Mo

DATE REC'D BY LOCAL REG.: 1-8-57
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hill F. Home Lilbourn Mo

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JAN 10 1958
NEW MADRID CO. HEALTH CENTER

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

Signed .....

Licensed Embalmer No. 7627

P. O. Address Gilbertown 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 this body is not embalmed, fact should be so stated above.