

FILED JAN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40883

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 312

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

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 township) OR TOWN Rural New Madrid		c. LENGTH OF STAY (In this place) 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ha No. Howard-		e. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Hal b. (Middle) Howard c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19. 1948
5. SEX M	6. COLOR OR RACE D W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 28, 1924
9. AGE (In years last birthday) 24		10. KIND OF BUSINESS OR INDUSTRY Service Station	11. BIRTHPLACE (State or foreign country) Holcomb, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Mack Thompson		13b. MOTHER'S MAIDEN NAME Bertha Beulah Fox	
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) Yes. World War 2	
16. SOCIAL SECURITY NO. 489-26-2894		17. INFORMANT'S SIGNATURE OR NAME Mack Thompson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 170c-8		19. ADDRESS New Madrid, Mo.	
19a. DATE OF OPERATION 23 No.		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, and Head		INTERVAL BETWEEN ONSET AND DEATH At once.	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #61	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid Township New Madrid, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec. 19, 1948 3:30 am	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit train while train was crossing Highway #61	
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 Ed Hedgpeth		23b. ADDRESS Carover New Madrid, Mo.	
23c. DATE SIGNED 12/20/48		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/21/48		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ed Hedgpeth	
DATE REC'D BY LOCAL REG. 12-23-48		REGISTRAR'S SIGNATURE Helene Louise Jones	
25. ADDRESS New Madrid, Mo.		25. ADDRESS New Madrid, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1949

RECEIVED

District Health Office No. 2,

District File Number 1248-1732

Date Filed 12-31-48

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 L. S. Higginbotham

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.