

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24204

State File No.

BIRTH NO.		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5823</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Forge</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>10 Miles N of New Madrid</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>P.</u>			c. (Last) <u>Mc Bride</u>	
4. DATE OF DEATH		Month <u>July</u> Day <u>6</u> Year <u>1949</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 21 - 1891</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Mc Bride</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Vanover</u>		14. NAME OF HUSBAND OR WIFE <u>Lella Mc Bride</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lella Mc Bride</u> ADDRESS <u>La Forge</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(a) Carcinomatous General</u> ANTECEDENT CAUSES <u>(a) Acute Cardiac Dilatation</u> <u>(c) Left Bronchiogenic Carcinoma</u> DUE TO (c) <u>Rt. Pleural Effusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>1.2X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) (Min.)		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 <u>3-1</u> , 19 <u>48</u> , to <u>6-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-28</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nicholas J. Vitale M.D.</u>				23b. ADDRESS <u>3861 St. Louis Ave.</u>		23c. DATE SIGNED <u>7/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounts</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid Co. Mo.</u>	
DATE RECD BY LOCAL REG. <u>7/28/49</u>		REGISTRAR'S SIGNATURE <u>Helen Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards and Co.</u>		ADDRESS <u>New Madrid Mo.</u>	

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District Health Office No.

District File Number 849-798

Date Filed _____

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 _____

Lowell Greer Jr.

Student Embalmer No. 310

working under my personal supervision.

Student Lowell Greer Jr.
Student Embalmer

Signed Leo H. Haysmith

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.