

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 53

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>New Madrid,</u>		c. LENGTH OF STAY (in this place) <u>Life.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>#705 Riley,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>No.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LeVern</u>		b. (Middle) <u>Simms</u>	
c. (Last) <u>Simms</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 2 49</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>2 Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Singel</u>	8. DATE OF BIRTH <u>Feb. 10, 1947</u>
9. AGE (in years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 6 MOS. Days <u></u>	IF UNDER 1 YEAR Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>New Madrid</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>George Simms</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>No.</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>Lillie Mae Jackson</u>		ADDRESS <u>New Madrid, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>This child was at home and the house caught on fire and was burned up in the house.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>At once.</u> <u>E9161</u> <u>16</u>			
19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M.) <u>Nov, 2 49 1.40 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Burned to death</u>	<u>72</u>
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 <u>Leo Hedgepeth</u>		23b. ADDRESS <u>New Madrid, Mo</u>	
(Degree or title) <u>3 Coroner.</u>		23c. DATE SIGNED <u>Nov, 2, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov, 3, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/4/49</u>	REGISTRAR'S SIGNATURE <u>Helen Louise Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Underbanking Co.</u>	ADDRESS <u>New Madrid, Mo.</u>

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

RECEIVED NOV 8 19

District Health Office No.

District File Number 1149-11

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 _____

working under my personal supervision.

Not Embalmed

Student Embalmer No. _____

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

(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.