

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27628

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 46		
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Ark</i> b. COUNTY <i>Green</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>		8030		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <i> BENNETT</i>	b. (Middle) <i> CALDWELL</i>	c. (Last) <i> MOORE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i> AUG 10 1950</i>		
5. SEX <i> M</i>		6. COLOR OR RACE <i> W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i> M</i>		8. DATE OF BIRTH <i> MARCH 13</i>		
9. AGE (In years last birthday) <i> 71</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i> lumber industry</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i> /</i>		12. CITIZEN OF WHAT COUNTRY? <i> Green</i>	
13a. FATHER'S NAME <i> BEN E. MOORE</i>			13b. MOTHER'S MAIDEN NAME <i> GEORGIE HOWARD</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i> HEETA MOORE</i>		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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i> Hit with a block</i>				of timber from timber saw				
ANTECEDENT CAUSES				DUE TO (b) <i> in left side of head</i>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <i> just above left eye</i>				
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 <i> Fractured Skull.</i>				19. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i> accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i> Factory</i>		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <i> New Madrid Mo.</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i> July 10 1950 8:40</i>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i> E 9103</i>				
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.								
22a. SIGNATURE (Degree or title) <i> Ed Hodgson</i>				22b. ADDRESS <i> New Madrid, Mo</i>		22c. DATE SIGNED <i> 8/10/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i> Removal</i>		24b. DATE <i> 8/10/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i> HARVEY'S Chapel</i>		24d. LOCATION (City, town, or county) (State) <i> /</i>		
DATE REC'D BY LOCAL REG. <i> 8-12-50</i>		REGISTRAR'S SIGNATURE <i> Helen Louie Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i> [Signature]</i>		ADDRESS <i> [Address]</i>		

MAY 22 1951

RECEIVED

AUG 21 1950

DISTRICT HEALTH OFFICE NO. 3
File No.

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address New Market, Md.

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.