

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37843**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **69**

072!

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

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>	
c. LENGTH OF STAY (In this place) <i>all life</i>		d. STREET ADDRESS (If rural, give location) <i>(none)</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MANCE b. (Middle) c. (Last) HEREFORD			4. DATE OF DEATH (Month) (Day) (Year) Nov 16 - 50		
5. SEX M		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC-25-1858		9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NO.	
11. BIRTHPLACE (State or foreign country) MOBILE MISS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME NO		13b. MOTHER'S MAIDEN NAME NO		14. NAME OF HUSBAND OR WIFE LENA HEREFORD	
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. NO.		17. INFORMANT'S SIGNATURE OR NAME LENA HEREFORD ADDRESS NEW MADRID	

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) <i>Myocarditis - Senility</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Hypertension arteriosclerosis</i>			
		DUE TO (c) <i>Senility -</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				443X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (m.)		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 *Oct 2nd*, 1950, to *Nov 16th*, 1950, that I last saw the deceased alive on *Nov 16th*, 1950, and that death occurred at *8 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>O.B. Chandler M.D.</i>		23b. ADDRESS <i>New Madrid Mo</i>		23c. DATE SIGNED <i>11/25/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/20/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sandhill</i>	
24d. LOCATION (City, town, or county) (State) <i>New Madrid Mo</i>					

DATE REC'D BY LOCAL REG. 11-28-50		REGISTRAR'S SIGNATURE <i>Helen Lusk</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jones & Richards</i> ADDRESS <i>New Madrid</i>	
--	--	---	--	--	--

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. 1

.....

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.

Student Embalmer No.....

Signed *Leo H. Haysmith*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3803*.....

P. O. Address *New Market*.....

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.

5-1