

STANDARD CERTIFICATE OF DEATH

41567

State File No.

FILED JAN 10 1951

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4355 Registrar's No. 82

721
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Julious</u> a. (First) <u>hovingood</u> b. (Middle) <u>hovingood</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 3, 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Wute hovingood</u>		13b. MOTHER'S MAIDEN NAME <u>Delia Scott Abernathy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary hovingood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-10-682</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David D. Mann New Madrid</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>		<u>Sugars</u>	
		DUE TO (c) ..			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Hypertension</u>		<u>PDX</u>	
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)		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 15 October, 1950, to 28 Nov., 1950, that I last saw the deceased alive on 28 Nov., 1950, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis Smith</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>New Madrid Mo.</u>		23c. DATE SIGNED <u>15 Dec 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-5-56</u>		REGISTRAR'S SIGNATURE <u>Helen Louise Jones</u>		216		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Undert Co New Madrid Mo.</u>	
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RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE N

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed

Geo. H. Hedges

Signed.....

Student Embalmer

Licensed Embalmer No. *31 3903*

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.