

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 43659

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4357 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY New Madrid

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY New Madrid

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston 0720

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) Willie b. (Middle) Smith c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec, 28 50

5. SEX M 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Unk. 1885 9. AGE (in years last birthday) 66 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Labor 10b. KIND OF BUSINESS OR INDUSTRY no. 11. BIRTHPLACE (State or foreign country) No. Unk. 9 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unk 13b. MOTHER'S MAIDEN NAME Unk 14. NAME OF HUSBAND OR WIFE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME Chloe Missouira ADDRESS Portageville, R.1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant By all

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) record death was due to

DUE TO (c) Acute Myocarditis

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 _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

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 H. L. Ponder (Degree or title) Coroner, 3 23b. ADDRESS New Madrid, Mo. 23c. DATE SIGNED 12/29/50

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/29/50 24c. NAME OF CEMETERY OR CREMATORY Sand Hill 24d. LOCATION (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. Jan 9 1951 REGISTRAR'S SIGNATURE H. L. Ponder Deputy 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS New Madrid, Mo.

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

RECEIVED

JAN 17 1951

DISTRICT HEALTH OFFICE No

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.

Signed.....
Student Embalmer

Not Embalmed

Signed.....
[Signature]

Student Embalmer No.....

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.