

FILED JUL 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20834
Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5828

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> <u>0770</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>MATTHEWS R7D #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MATTHEWS R7D #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>RAY</u> c. (Last) <u>OZMENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-51</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 28 1908</u>
9. AGE (In years last birthday) <u>43</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>SCOTT Co MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HEZZIE MARION OZMENT</u>		13b. MOTHER'S MAIDEN NAME <u>LEZIA SIMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>GENEVIEVE TROUSDALE OZMENT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Genevieve Ozment - Matthews Mo R7D #1</u>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pick-up truck run into ditch on highway 61 about 5 miles north of New Madrid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>causing broken neck as cause of death</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1772</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MS HWAY #61 AT RISTINE MO</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-19-1951</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>pick-up truck run into ditch</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 <u>10:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Thompson</u> ³ <u>Coroner</u>		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>6/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-22-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>	
DATE REC'D BY LOCAL REG. <u>7-1-51</u>		REGISTRAR'S SIGNATURE <u>Helene Louisa Jones</u> ²¹⁶	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home Sikeston Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 2 1958

OCT 15 1958

RECEIVED

JUL 11 1951

DISTRICT HEALTH OFFICE No. 6

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 *Leo Hayworth*.....

Licensed Embalmer No. *3853*.....

P. O. Address *New Madrid*.....

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.