

No. 300
10:48

FILED AUG 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. **23821**

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY New Madrid.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY Genessee			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flint		8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.				d. STREET ADDRESS (If rural, give location) 516 E. 2nd St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Alta		b. (Middle) Mae		c. (Last) Abshier	
4. DATE OF DEATH		(Month) July,		(Day) 28,		(Year) 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April-24-1931		9. AGE (In years last birthday) 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Tallapoosie Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Roy Deprow		13b. MOTHER'S MAIDEN NAME Denetrit Hillard		14. NAME OF HUSBAND OR WIFE Tom K. Abshier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 496-32-9486		17. INFORMANT'S SIGNATURE OR NAME Roy Deprow ADDRESS Tallapoosie, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car run off highway 61 at New Madrid, on right side of highway going South hit bridge on right side of car cause fractured skull broken legs and body cuts and bruises. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 68234 32				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, New Madrid, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July, 28, 51 9:18 a.m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Run off Highway hit bridge.			
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 Dr. H. H. Smith (Degree or title) Coroner.		23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED 7/28/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-29-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Malden, Mo.	
DATE REC'D BY LOCAL REG. 8-3-51		REGISTRAR'S SIGNATURE Helene Louise Jones		25. FUNERAL DIRECTOR'S SIGNATURE Richards Und't, Co. ADDRESS New Madrid, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 20 1951

RECEIVED

AUG 9 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.

Student Embalmer No. 424

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3853

P. O. Address..... New Franklin

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.