

No. 300
10-48

JAN 31 1952

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI
State File No. 2113

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 1

1. PLACE OF DEATH
 a. COUNTY NEW MADRID.
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Como.
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE UNK. b. COUNTY UNK
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0720
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) AUTIN b. (Middle) PAGE c. (Last) (Thought to be)
 (Type or Print)

4. DATE OF DEATH
 (Month) (Day) (Year)
FOUND
1-9-52

5. SEX M ✓

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
UNK

8. DATE OF BIRTH ABOUT

9. AGE (In years last birthday) 65
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 10 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
UNK

10b. KIND OF BUSINESS OR INDUSTRY
UNK

11. BIRTHPLACE (State or foreign country)
UNK

12. CITIZEN OF WHAT COUNTRY?
9

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) (If yes, give war or dates of service)
40-816-0162

16. SOCIAL SECURITY NO.
40-816-0162

17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found in Cotton Patch East
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) OF MAIDEN, CAUSE OF DEATH UNK
WEIGHT ABOUT 185# - 6'4" - tall.
 DUE TO (c) WORE TROUSER WITH OVERALL, THREE SHIRTS
 II. OTHER SIGNIFICANT CONDITIONS: About 12 shoes, had been dead
Conditions contributing to the death but not related to the disease or condition causing death. About 2 or 3 weeks

INTERVAL BETWEEN ONSET AND DEATH
 20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
7953

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 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 (Degree or title)
Dr. Geo. W. Christel, Local Registrar, Paroma, Mo.

23b. ADDRESS

23c. DATE SIGNED
Jan. 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1/11/52

24c. NAME OF CEMETERY OR CREMATORY
Lynch Hill

24d. LOCATION (City, town, or county) (State)
New Madrid, Mo

DATE REC'D BY LOCAL REG.
1-25-52

REGISTRAR'S SIGNATURE
Dr. Geo. W. Christel, Mo. County

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
New Madrid, Mo

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

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.

Student
Student Embalmer

Not Embalmed
Signed _____

Licensed Embalmer No.

P. O. Address.....

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.