

STANDARD CERTIFICATE OF DEATH

State File No.

REC APR 8 1952

BIRTH NO. 15929

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 5823

Registrar's No. 18

also birth certificate - 795

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

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 8 MILE N OF	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE		d. STREET ADDRESS (If rural, give location) NEW MADRID 0720	

3. NAME OF DECEASED (Type or Print) a. (First) (NONE) b. (Middle) BALEY c. (Last) WEBB		4. DATE OF DEATH (Month) (Day) (Year) MARCH 28 1952	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH MARCH 28 1952
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NELSON WEBB	13b. MOTHER'S MAIDEN NAME ORA MAE GIBBSON	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS NELSON WEBB NEW MADRID RI

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attention		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause of death Unknown		
	DUE TO (c)		
	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 <input type="checkbox"/> NO <input checked="" 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 _____, 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 Ed Hedges (Degree or title) Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 3/28/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 28 1952	24c. NAME OF CEMETERY OR CREMATORY SANDHILL
24d. LOCATION (City, town, or county) (State) NEW MADRID MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard's Funeral Home New Madrid	
DATE REC'D BY LOCAL REG. 4-2-52	REGISTRAR'S SIGNATURE Helene Louise Jones	

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.

NOT EMBALMED

Signed _____

Student
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Notes: 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.