

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355

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) NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID RURAL	
c. LENGTH OF STAY (In this place) 11 YRS.		d. STREET ADDRESS (If rural, give location) 6. MILES NORTH OF NEW MADRID	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE			

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) MAE c. (Last) TYSON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1952	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 18, 1917
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	11. BIRTHPLACE (State or foreign country) ARK.
12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	

13a. FATHER'S NAME WILEY PRICE	13b. MOTHER'S MAIDEN NAME MAMMIE MAYWATER	14. NAME OF HUSBAND OR WIFE JEFF TYSON
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. _____	17. INFORMANT'S SIGNATURE OR NAME Jeff Tyson
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) m.	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 **2 Apr. 1952** to **14 Apr. 1952**, that I last saw the deceased alive on **14 Apr. 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles E. Reid	(Degree or title) M.D.	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 4/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/20/52	24c. NAME OF CEMETERY OR CREMATORY SANDHILL	24d. LOCATION (City, town, or county) (State) NEW MADRID, MO.
DATE REC'D BY LOCAL REG. 4-23-52	REGISTRAR'S SIGNATURE Nelva Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE RICHARDS	ADDRESS NEW MADRID

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

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.