

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17335**

FILED JUN 3 1952

BIRTH NO.

REG. DIST. NO. **238**PRIMARY REG. DIST. NO. **4355**Registrar's No. **27**

1. PLACE OF DEATH

a. COUNTY

NEW MADRID

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

NEW MADRID

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

NEW MADRID

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

RURAL 5 MILES NORTH OF

d. STREET ADDRESS

(If rural, give location)

OF NEW MADRID3. NAME OF DECEASED
(Type or Print)

a. (First)

HESTER

b. (Middle)

POWELLS

c. (Last)

MADISON

4. DATE OF DEATH

(Month) (Day) (Year)

MAY 15 1952

5. SEX

3

6. COLOR OR RACE

FEMALE**COLORED**

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

DIVORCED 3

8. DATE OF BIRTH

APRIL 4, 1899

9. AGE (in years last birthday)

53

10. MONTHS (Days) (Hours) (Mins.)

1**27**

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 (City and State or Foreign Country)

CARLISLE ARK

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

SAUL COOK

13b. MOTHER'S MAIDEN NAME

JOHANEH BROWN

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)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

PEARL MILLER 318 BOWMAN SUGGESTION, MA

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

accidental drowning

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **by falling into water**DUE TO (c) **white fishing**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

E9299**42**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

172

20. AUTOPSY?

YES NO

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 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

L. H. Hedgicock 3

(Degree or title)

23b. ADDRESS

New Madrid, Mo May 16 52

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

MAY 25, 1952

24c. NAME OF CEMETERY OR CREMATORY

SIKESTON

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

SIKESTON, MO

DATE REC'D BY LOCAL REG.

5-25-52

REGISTRAR'S SIGNATURE

Helen Louise Jones

25. FUNERAL DIRECTOR'S SIGNATURE

RICHARDS NEW MADRID

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0721
3

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 Market, Md

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.