

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28838

120

1

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

1952 AUG 19

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY NEW MADRID.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kewanee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kewanee 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) J	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) IMGRAM	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE-13-1952	
5. SEX M. 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH Sept-5-1896
9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABOR.	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Hollie Springs Miss		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME VNK.		13b. MOTHER'S MAIDEN NAME VNK	
14. NAME OF HUSBAND OR WIFE INGRAM		14. NAME OF HUSBAND OR WIFE HENERITA BOWINS	
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. No.	
17. INFORMANT'S SIGNATURE OR NAME HERRITA INGRAM, KEWANEE		ADDRESS P.O. KEWANEE	
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) No. Medical attendant.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) By all record death was	
DUE TO (c) due to apoplexy.			
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 334X	
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) (Min.)		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 W. H. Adair (Degree or title) Coroner		23b. ADDRESS New Madrid Mo.	
23c. DATE SIGNED 7/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/14/52	
24c. NAME OF CEMETERY OR CREMATORY Kewanee		24d. LOCATION (City, town, or county) (State) Kewanee Mo.	
DATE REC'D BY LOCAL REG. 8/14/52		REGISTRAR'S SIGNATURE Belew Louie Jones ADDRESS New Madrid	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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. *Not Embalmed* Student Embalmer No. _____

Student Signed _____
Student Embalmer

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.