

FILED DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39585

BIRTH NO. <u>62354</u>		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5893</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TOWNSHIP, NEW MADRID.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>5 MILE N OF NEW MADRID.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SELMA</u>			b. (Middle) <u>WHITFIELD.</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-1-52</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>C.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED.</u>		8. DATE OF BIRTH <u>SEPT-23-1952</u>	9. AGE (In years last birthday) <u>2</u>	# UNDER 1 YEAR <u>8</u> Days	# UNDER 1 MO. <u></u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MADRID, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRED GRAHAM.</u>			13b. MOTHER'S MAIDEN NAME <u>MARY WHITFIELD.</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Whitfield.</u>		R. ADDRESS <u>NEW MADRID.</u>	
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) <u>Enteritis, acute</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		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 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)		5710	
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 <u>30 Nov, 1952</u> , to <u>30 Nov, 1952</u> , that I last saw the deceased alive on <u>30 Nov, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis Smith MD.</u>				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>1 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SAND HILL.</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 2-52</u>		REGISTRAR'S SIGNATURE <u>Nelson L. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards</u>		ADDRESS <u>New Madrid</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Not Embalmed.*

Signed *Raymond W. Adams*

Licensed Embalmer No. *4894*

P. O. Address *New Market*

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.