

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10716

State File No. _____

No. 300
10-48

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 14

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>NEW MADRID.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID 0721</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>LE RAY</u> g. (First) <u>JONES</u> b. (Middle) c. (Last) | | | 4. DATE OF DEATH <u>March 31 - 1953</u> (Month) (Day) (Year) | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | |
| 8. DATE OF BIRTH <u>5/23/1892</u> | | 9. AGE (In years last birthday) <u>60</u> Months Days | | 10. UNDER 1 YEAR 11. UNDER 1 MTH. | |
| 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 <u>NONE</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>FULTON Ky</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>UNK.</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNK.</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 year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>No.</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Welfare officer New Madrid.</u> | | 18. ADDRESS | | | |

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|---|--|---|--|--|--|----------------------------------|--|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Sepsis</u> <u>Inanition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Burn Lt leg</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
|---|--|---|--|--|--|----------------------------------|--|

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|---|--|--|--|---|--|
| 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) | |
| 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 3/4, 1953, to 3/31, 1953, that I last saw the deceased alive on 3/30, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE <u>O.B. Chandler M.D.</u> (Degree or title) | | 23b. ADDRESS <u>New Madrid Mo</u> | | 23c. DATE SIGNED <u>4/8/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-2-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u> | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Heber Louis Jones</u> | | 24f. ADDRESS <u>County Court, New Madrid</u> | |

DATE REC'D BY LOCAL REG. 4/8/53 REGISTRAR'S SIGNATURE Heber Louis Jones FUNERAL DIRECTOR'S SIGNATURE Heber Louis Jones ADDRESS County Court, New Madrid

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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 _____

Licensed Embalmer No. 3823

P. O. Address New Madrid, Mo.

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.