

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 26 1953

REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 9

5720
9

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> New Madrid St. Charles		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>Morehouse Big Branch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>XXXXXX</u> c. (Last) <u>Evens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>28</u> <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 9, 1882</u>
9. AGE (In years last birthday) <u>71</u>		10. (Under 1 Year) (Over 1 Year) (Over 10 Years) <u>3</u> <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kosciusko, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME _____ 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull and 1st. and 2nd. Cervical Vertebrae</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Car Wreck in New Madrid Mo.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		072	
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 _____, 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 <u>M.D. (Degree or title)</u> <u>Shelma C. Buchthorpe, Health Officer</u>		23b. ADDRESS <u>Benton Mo.</u>	23c. DATE SIGNED <u>3-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>3-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>	24d. LOCATION (City, town, or county) (State) <u>West 9th Benton MO.</u>
DATE REC'D BY LOCAL REG. <u>3-20-53</u>	REGISTRAR'S SIGNATURE <u>Helas Lou Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred G. Smith</u>	ADDRESS <u>1212 Maud St</u>

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Wickliffe, 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.