

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22276

State File No.

No. 300
10.48

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 30

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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 OR TOWN <u>NEW MADRID.</u>		c. CITY OR TOWN <u>NEW MADRID.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>01210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u> b. (Middle) <u>D.</u> c. (Last) <u>MALTBIA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE - 23 - 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>APRIL 9 - 1936</u>		9. AGE (In years last birthday) <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	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>BAXTER MALTBIA</u>	13b. MOTHER'S MAIDEN NAME <u>MAGGIE OBELIA CRANT FLOURNOY</u>	14. NAME OF HUSBAND OR WIFE <u>MARY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>361-28-8038</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY</u> ADDRESS <u>Adelene Flanagan, New Madrid</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowned while in</u>		DUE TO (b) <u>Swimming</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>9291</u> <u>22</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>072</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid New Madrid Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. H. G. Smith-Carson</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>June 24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard General</u> ADDRESS <u>New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-10-53</u>	REGISTRAR'S SIGNATURE <u>Nelson Louis Jones</u>	

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

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SEP 17 1953

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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 *L. B. Hodge*
Licensed Embalmer No. 3803

P. O. Address New Madrid

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.