No. 300
10.48

121
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22281

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Madrid
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Unk.
b. COUNTY Unk.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) —
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Unknown
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Found 5/6/53

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unk.
8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk
10b. KIND OF BUSINESS OR INDUSTRY Unk.
11. BIRTHPLACE (City and State or Foreign Country) Unk.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME None. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found in Miss. river
no identification on body.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Weight about 175 lb. about
DUE TO (c) 5'10 in tall. Cast on right ft and leg. Gray pin striped trousers size 7 shoe, 27 Belt.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION very body decomposed 7953
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 (Degree or title) Leo Hedgpeth Coroner
23b. ADDRESS New Madrid, Mo
23c. DATE SIGNED 5/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/6/53
24c. NAME OF CEMETERY OR CREMATORY Father
24d. LOCATION (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. 6/12/53
REGISTRAR'S SIGNATURE Helen Loud Jones 2160
25. FUNERAL DIRECTOR'S SIGNATURE Leo Hedgpeth ADDRESS New Madrid

(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.

Not Embalmed

Student .....
Student Embalmer

Signed L. D. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.