No. 300
10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25730

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 34

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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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: New Madrid.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid 0721
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Dallis
b. (Middle): Y.
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): July - 8 - 53

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb - 21 1928
9. AGE (In years last birthday): 25 — If under 1 year: Months: 0 Days: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): New Madrid Co Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Milton Jones
13b. MOTHER'S MAIDEN NAME: Sarah E. Colchester
14. NAME OF HUSBAND OR WIFE: Ann Butler Lily
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): U.S. ARMEY, NOW
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ann Jones — **ADDRESS**: New Madrid, Mo

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) Accidental Drowning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) trying to save boy from
DUE TO (c) drowning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): New Madrid.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 072 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 8 - 1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: To save boy from Drowning

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: July-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11-53
24c. NAME OF CEMETERY OR CREMATORY: Latham
24d. LOCATION (City, town, or county) (State): New Madrid. Mo.

DATE REC'D BY LOCAL REG.: 7/25/53
REGISTRAR'S SIGNATURE: Helen Loud Jones
25. FUNERAL DIRECTOR'S SIGNATURE: Leo Hedgpeth — **ADDRESS**: New Madrid Mo

(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

Signed Leo Hedgpeth

Licensed Embalmer No. 8803

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.