

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25733

State File No. _____

FILED AUG 10 1953 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 40

72

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>MISSOURI</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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK.</u> b. (Middle) <u>M.</u> c. (Last) <u>SAYLOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 24 - 53</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>March - 20 - 1904</u>		9. AGE (In years last birthday) <u>49</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FISHERMAN</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>W.M. SAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE BUSBY.</u>		14. NAME OF HUSBAND OR WIFE <u>ZETTIE SAYLOR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>Zettie Saylor</u> ADDRESS <u>HELENA, ARK.</u>	

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>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 22 July, 1953, to 28 July, 1953, that I last saw the deceased alive on 27 July, 1953, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Ruder M.D.</u>		23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>Aug 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill.</u>	
24d. LOCATION (City, town, or county) <u>Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W.S. Hedgenuth</u>		24f. ADDRESS <u>New Madrid Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>		216-0	

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. S. Hedgcock

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 with the above constitutes grounds for revocation of license.)

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