

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32479**
Registrar's No. **46**

FILED OCT 14 1953

REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355**

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) JOHN TOMPKINS			4. DATE OF DEATH SEP 21 - 1953		
5. SEX M.		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR.		10b. KIND OF BUSINESS OR INDUSTRY cat mill.		8. DATE OF BIRTH MAY - 23 - 1905	
11. BIRTHPLACE (City and State or Foreign Country) NEW MADRID, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		9. AGE (In years last birthday) 48	

13a. FATHER'S NAME JOHN TOMPKINS		13b. MOTHER'S MAIDEN NAME MARY ANN WATSON		14. NAME OF HUSBAND OR WIFE MARY TOMPKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR.		16. SOCIAL SECURITY NO. 11 0101 4 W.A.R.		17. INFORMANT'S SIGNATURE OR NAME Mary Tompkins, New Madrid.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH few mins years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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 **March 1953**, to **21 Sept, 1953**, 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 Charles E. Kirk (Degree or title) MD		23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED 26 Sept 53	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE Sept-27-1953		24c. NAME OF CEMETERY OR CREMATORY SANDHILL	
24d. LOCATION (City, town, or county) (State) NEW MADRID, MO.					

DATE REC'D BY LOCAL REG. 10-12-53		REGISTRAR'S SIGNATURE Nelaw Louie Jones		25. GENERAL DIRECTOR'S SIGNATURE L. H. Hedges ADDRESS New Madrid, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

NOV 13 1953

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 H. Gypette*

Licensed Embalmer No. *3803*

P. O. Address *New Rochelle, N.Y.*

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.