

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36629

State File No. _____

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston, Miss.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>216 Forest St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LORGE</u>	b. (Middle)	c. (Last) <u>ROSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1953</u>
--	-------------------------	-------------	-----------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 17, 1921</u>	9. AGE (In years last birthday) Months Days <u>32 4 8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
-----------------------	----------------------------------	---	---	--	--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Odio Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Hulsey</u>	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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Hentry Hulsey Herran Hill Bennis, Lem.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken legs, Arms.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed in Chest,</u> DUE TO (c) <u>caused by Auto accident.</u>		
II. 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 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>Highway 61+62</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid New Madrid Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Auto Collided.</u>

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 <u>Red H. Smith</u>	(Degree or title)	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>Oct 27 53</u>
---------------------------------------	-------------------	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cane Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Bennis, Lem.</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Helene Louise Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Boyd</u>	ADDRESS <u>403 S. Church St. Jackson, Lem.</u>
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

1720

NOV 5 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 Hildguth*

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.