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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39783

FILED NOV 24 1953

State File No. 64

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>		Registrar's No. <u>64</u>	
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>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>320 South Douglass</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Madrid</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 7 - 1953</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIE</u>		a. (First) <u>B.</u>		b. (Middle) <u>ALLEN</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 27, 1929</u>	
9. AGE (In years last birthday) <u>24</u>		10. MONTHS <u>3</u>		11. DAYS <u>11</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Air Base</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Augusta Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>MILTON ALLEN</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Mary F. Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary F. Allen</u> ADDRESS <u>Malden, Mo.</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>Cut right jugular vein, bleed to death</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>		E983X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lauen</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid - New Madrid Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Fight</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 7 - 5:30 - 11:58 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
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 <u>11:58 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Leo H. Hedges</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>New Madrid - Mo.</u>		23c. DATE SIGNED <u>Nov. 9 - 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 12 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STANFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>CLARKTON Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-53</u>		REGISTRAR'S SIGNATURE <u>Reuben Louis Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home</u> ADDRESS <u>Malden, Mo.</u>			

FEB 1 1958

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. Hedges

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.