

FILED DEC 7 1953

STANDARD CERTIFICATE OF DEATH

State File No. 39805

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 24

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) <u>Como Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Como Twsp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile west of Catron</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of Catron</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H.</u> c. (Last) <u>Priest</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-16-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josie Harris Catron, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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 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) <u>4201</u>
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 9-1- 1953, to 11-4- 1953, that I last saw the deceased alive on 11-4- 1953, and that death occurred at 5 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Claude H. Chastain M.D.</u>	23b. ADDRESS <u>Lilbourn Mo.</u>	23c. DATE SIGNED <u>11-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>
		24d. LOCATION (City, town, or county) (State) <u>Catron, Mo.</u>

DATE REC'D BY LOCAL REG. <u>11/28/53</u>	REGISTRAR'S SIGNATURE <u>Dr. George H. Huat</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0720

DEC 8 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.