

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16719

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 21

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 RURAL NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NEW MADRID. 6 MILES	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) N. W. OF NEW MADRID. 0720	
3. NAME OF DECEASED a. (First) MAJOR b. (Middle) GEORGE c. (Last) PRICE		4. DATE OF DEATH (Month) (Day) (Year) MAY 21 1954	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT 8 - 1953
9. AGE (In years last birthday) 8 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	11. BIRTHPLACE (State or foreign country) NEW MADRID CO. O
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME MILES THOMAS	
14. MOTHER'S MAIDEN NAME ELIZ BETH PRICE		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) No		17. SOCIAL SECURITY NO. No	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical ATTENDANT ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By all RECORD OF DEATH DUE TO (c) WAS DUE TO SUFFICATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FROM COVERS ON BED	
20. INTERVAL BETWEEN ONSET AND DEATH E 9240 22		21. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 072 (STATE)		27. HOW DID INJURY OCCUR?	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. 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.			
31. SIGNATURE (Degree or title) Edw. H. Jones		32. ADDRESS New Madrid, Mo	
33. DATE SIGNED May 22 54		34. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
35. DATE MAY 28 54		36. NAME OF CEMETERY OR CREMATORY KEWANEE CEMETERY	
37. LOCATION (City, town, or county) (State) KEWANEE, MO.		38. DATE REC'D BY LOCAL REG. 5-26-54	
39. REGISTRAR'S SIGNATURE Nelson Louis Jones		40. FUNERAL DIRECTOR'S SIGNATURE Richard Anderson	
41. ADDRESS 216		42. ADDRESS New Madrid, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No. *4886*

P. O. Address *New Mexico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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