

37320-54  
FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23780

State File No. ....

BIRTH NO. .... REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4305 Registrar's No. 28

0721

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

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 town) <u>NEW MADRID</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW MADRID</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0721/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>CHARLETTE</u> b. (Middle) <u>FAYE</u> c. (Last) <u>JACOB</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY - 4 - 54</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>JUNE - 29 - 1954</u>		9. AGE (in years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>HENRY JACOB</u>		13b. MOTHER'S MAIDEN NAME <u>ELINORA DENWOOD</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELINORA DENWOOD</u> ADDRESS <u>NEW MADRID</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No. Medical attendant.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>at delivery of child as aftermath of cause of death</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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 19, to 19, that I last saw the deceased alive on, 1954, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. Hedgesworth Carver</u>		23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>July 5 - 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 5 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID MO.</u>					

DATE REC'D BY LOCAL REG. <u>7/12/54</u>		REGISTRAR'S SIGNATURE <u>Helena Lou Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Undertaking</u> ADDRESS <u>New Madrid Mo.</u>	
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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 \_\_\_\_\_

working under my personal supervision. *Not Embalmed,* Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Leo Hudguth* \_\_\_\_\_

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.