

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16091

State File No.

BIRTH NO.		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4360</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE when deceased lived. If institution: residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>Femiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hayti</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>410 south 4th st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) <u>Leon</u> c. (Last) <u>Autry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>May 4 1922</u>	
9. AGE (In years last birthday) <u>32</u>		10. UNDER 1 YEAR <u>11</u> MONTHS		11. UNDER 1 HOUR <u>20</u> MIN.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salon Operator + Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>West. Miss</u>			
11a. FATHER'S NAME <u>Walter R. Autry</u>			11b. MOTHER'S MAIDEN NAME <u>Grace Sorrell</u>			11c. NAME OF HUSBAND OR WIFE <u>Erma Autry</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		13. SOCIAL SECURITY NO. <u>II</u>		14. INFORMANT'S SIGNATURE OR NAME <u>Erma Autry</u> ADDRESS <u>Hayti, Mo</u>			
15. 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>Car turned over on</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) <u>Highway 61st at Portageville</u> DUE TO (c) <u>Crushed Chest</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
16a. DATE OF OPERATION		16b. MAJOR FINDINGS OF OPERATION				17. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		18c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville, New Madrid, Mo</u>			
19a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 24-55 2:27 p.m.</u>		19b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		19c. HOW DID INJURY OCCUR? <u>Car turned over</u>			
20. 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>2:55 p.m.</u> , from the causes and on the date stated above.							
21. SIGNATURE (Degree or title) <u>Rev. H. H. Smith - 3 Canon</u>				22. ADDRESS <u>New Madrid, Mo.</u>		23. DATE SIGNED <u>4/25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1955</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>		FURNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1955

MAY 9 1955

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.....
Signature of Student Embalmer

Signed.....

John W. Herman

Licensed Embalmer No. 435

P. O. Address Hayts, 8

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.