

No. 300
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FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34148**

BIRTH NO. **51449-55** REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town or township) New Madrid		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN New Madrid
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 532 Mott St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Willie	b. (Middle) B.	c. (Last) Thomas	(Month) Oct.	(Day) 10,	(Year) 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Aug. 10, 1955		9. AGE (In years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Thomas	13b. MOTHER'S MAIDEN NAME Marv Milford	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mary M. Thomas 532 Mott St.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho pneumonia		
	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. Diarrhoea		491 X	

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 **Aug 10, 1955**, to **Oct 10, 1955**, that I last saw the deceased alive on **Oct 7, 1955**, and that death occurred at **10 A m.**, from the causes and on the date stated above.

23a. SIGNATURE O.B. Chandler	(Degree or title) M.D.	23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 10/11/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery	24d. LOCATION (City, town, or county) (State) New Madrid, Missouri

DATE REC'D BY LOCAL REG. 11 Oct 55	REGISTRAR'S SIGNATURE James K. Roberts	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert K. Roberts, New Madrid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(License Embalmer's Statement on Reverse Side)

DATE RECEIVED OCT 13 1955
NEW MADRID CO. HEALTH CENTER

P. J. L.

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

Student Embalmed

Signed Sammy L. Roberts

Licensed Embalmer No. 488

P. O. Address New Madrid

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.