

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37584**

FILED DEC 7 1955

BIRTH NO. **71570-35** REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **1827** Registrar's No. **39**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY New Madrid		a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Lewis)		c. LENGTH OF STAY (in this place) 2Hrs.	c. CITY OR TOWN New Madrid, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mi. N. of Mounds Cem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 1/2 Mi. N. of Mounds Cem.		0700	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) James	b. (Middle)	c. (Last) Moses	Nov. 29 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH Nov. 29 1955
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Alfred Moses	13b. MOTHER'S MAIDEN NAME Ernesdean Jones	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 Alfred Moses	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary STASIS	10 min
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) Prematurity	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death. 76.25	
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)
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 11-29-55, 1955, to 11-29-55, 1955, that I last saw the deceased alive on 11-29-55, and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>James P. Laney</i>		23b. ADDRESS <i>Minister - Mo</i>	23c. DATE SIGNED 11-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Fannie Powell Cem	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
DATE REC'D BY LOCAL REG. 11-30-55	REGISTRAR'S SIGNATURE <i>H. L. Borden Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE Freinds	

DATE RECEIVED DEC 2 1955
NEW MADRID CO. HEALTH CENTER
P. J. S.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.