

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1956

State File No. 42240

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 64

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 town) Rural- New Madrid		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Miles S No. 61 Highway		d. STREET ADDRESS (If rural, give location) 0125	

3. NAME OF DECEASED (Type or Print)	a. (First) Virginia M.	b. (Middle) Little	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1956
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1929	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Grant Jr.	13b. MOTHER'S MAIDEN NAME Gertrude Rind	14. NAME OF HUSBAND OR WIFE Willie Little
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. <i>link</i>	17. INFORMANT'S SIGNATURE OR NAME David Grant Jr.	ADDRESS New Madrid, Mo.
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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, asthma, 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) Broken Neck,		
	ANTECEDENT CAUSES Truck hit back of car on Highway 61 Morbid conditions, if any, giving rise to the above cause (b) 1 Mile South of New Madrid, Mo. DUE TO (c) Causing wreck of car		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8161	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, Mo. New Madrid, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 1, 56 1A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Riding in car, which was hit by truck.
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22. 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 1:00^a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Fay Hedgcock Carson</i> (Degree or title)	23b. ADDRESS New Madrid, Missouri	23c. DATE SIGNED Dec 3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8, 56	24c. NAME OF CEMETERY OR CREMATORY Fannie Powell	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 12/3/56	REGISTRAR'S SIGNATURE <i>Fay Hedgcock</i>	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undertaking Co.	ADDRESS New Madrid, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

EST 2 1/2

DATE RECEIVED DEC 4 1956
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
Student Embalmer

Signed Tommy L. Roberts

Licensed Embalmer No. 4886

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.