

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42245

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 31

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, give TOWNSHIP only) OR TOWN <u>Rural- Como</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marston</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Miles E. Malden, Missouri</u>		Length of stay in lb		d. STREET (If outside, give location) ADDRESS <u>2 Miles W.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Aaron Allie Prince</u>			4. DATE OF DEATH Month Day Year <u>Dec. 6. 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 30. 1919</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>10 6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Lake Co. Tenn.</u>	
13. FATHER'S NAME <u>J. E. Prince</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. <u>492-36-5196</u>		17. INFORMANT Address <u>Margorie H. Prince, Marston, Missouri</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>No Medical Attendant, by all records</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>death was due to crushed skull and</u>					
DUE TO (c) <u>Chest injurious</u>					<u>8160</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>26</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>driving a truck which hit another truck, and was</u>			
20c. TIME OF INJURY Hour, Month, Day, Year <u>4:30 a. m. Dec. 6, 1956</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <u>Como Twp New Madrid, Missouri</u>		20f. STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Les H. Hays, M.D. Coroner</u>			22b. ADDRESS <u>New Madrid, Missouri</u>		22c. DATE SIGNED <u>12</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/8/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mounds Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo.</u>
24. FUNERAL DIRECTOR <u>Richards Undertaking</u>		ADDRESS <u>New Madrid, Missouri</u>		25. DATE RECEIVED BY LOCAL REG. <u>12/13/56</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Les H. Hays, M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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DATE RECEIVED DEC 27 1956
NEW MADRID CO. HEALTH CENTER

P. J. J.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tammy K. Roberts

Licensed Embalmer No. 498

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.