

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 018029  
State File No.

BIRTH NO. 31630-57 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b> /	
b. CITY OR TOWN <b>LAFONT</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BABY</b>	b. (Middle)	c. (Last) <b>THOMAS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>	8. DATE OF BIRTH <b>Apr 30 1957</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Jay Wye Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Walter Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Eveline Hicks</b>	14. NAME OF HUSBAND OR WIFE <b>Infant</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Walter Thomas Jay Wye, Mo</b>	ADDRESS <b>Bx. 13</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Spina bifida - Ruptured</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pre-mature Birth</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>751X</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 4-30, 1957 to 5-2, 1957, that I last saw the deceased alive on 5-2, 1957, and that death occurred at 9:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <b>James D. Cameron</b> (Degree or title) <b>D.O. Mortician - Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>5-2-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 2, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jay Wye Colored</b>	24d. LOCATION (City, town, or county) (State) <b>Jay Wye - Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-4-57</b>	REGISTRAR'S SIGNATURE <b>H.L. Honder Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Self</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAY 6 1957  
NEW MADRID CO, HEALTH CENTER

R. 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 Not Embalmed, 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.