

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 02 1942
STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 239 Primary Registration District No. 4355 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		c. CITY OR TOWN New Madrid	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS Main St.	
3. NAME OF DECEASED (Type or print) Jossie <i>First</i>		4. DATE OF DEATH June 26, 1957 <i>Month Day Year</i>	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 12, 1877	
9. AGE (In years (day) 79		10. IF UNDER 1 YEAR 9 Months 14 Days 14 Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (City and state or country) Malden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jim Hawkins		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. J. W. Tompkins, Sikeston, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, generalized. DUE TO (b) Senile Changes. DUE TO (c) Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Gangrene of foot - 4501			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1947 to June, 1957 and last saw her alive on June 24th . Death occurred at 3:15 Am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Louis Smith M.D.		22b. ADDRESS New Madrid Mo	
22c. DATE SIGNED July			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 57	
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) New Madrid, Missouri (State)	
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo.		25. DATE RECD. BY LOCAL REG. 7/5/57	
ADDRESS New Madrid		26. REGISTRAR'S SIGNATURE Fay Hedgpeth	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify for a death due to natural causes.

DATE RECEIVED JUL 9 1957
NEW MADRID CO. HEALTH CENTER

P. J. Roberts

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *P. J. Roberts*
Licensed Embalmer No. *148*

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.