

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28864

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5821 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Highway 61 Sup.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Natch Beach 81</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>Highway 61</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Jerry Glenn</u> Middle <u>Vires</u> Last <u>Vires</u>		4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 28, 1944</u>		9. AGE (In years last birthday) <u>13</u>		10. IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min. <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bethesda, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Rosevelt Vires</u>				14. MOTHER'S MAIDEN NAME <u>Florence</u>			
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 <u>Edwin Vires No Beach Vires</u> 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) <u>No medical attendant, by all accounts</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 Chest,</u>
DUE TO (c) <u>Fractured Skull, broken Right Leg,</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). <u>8161</u> <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>riding in car that run into rear of gravel truck</u> <u>072</u>				
20c. TIME OF INJURY Hour <u>7:00</u> Month <u>Aug</u> Day <u>28</u> Year <u>57</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Big Prairie Twp New Madrid, Mo.</u>		20g. COUNTY, STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Jay Hedgespeth</u> <u>Coroner</u>				22b. ADDRESS <u>New Madrid Mo</u>		22c. DATE SIGNED <u>8/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-2-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Homerwood Cen</u>		23d. LOCATION (City, town, or county) (State) <u>Homerwood, Mo</u>	
24. FUNERAL DIRECTOR <u>Albertton Funeral Home</u> <u>Sikeston, Mo</u> (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. <u>9/4/57</u>		26. REGISTRAR'S SIGNATURE <u>Jay Hedgespeth</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Caroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Caroner must use only standard forms. Caroner must use only standard forms. Caroner must use only standard forms.

DATE RECEIVED SEP 5 1957
NEW MADRID CO. HEALTH CENTER
R. 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 Carl J. Smith

Licensed Embalmer No. 26

P. O. Address Man...

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.