

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1957

Registration District No. 238 Primary Registration District No. 4355 STATE FILE NUMBER 36734 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana COUNTY Unknown			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unknown		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Coffee E.		Length of stay in 1b Rews Hours		d. STREET ADDRESS Unknown		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Henry Last Chavers				4. DATE OF DEATH Month Oct. Day 6, Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Approx. 56	IF UNDER 1 YEAR Months 9 Days 7 Hours 13 Min. 130	IF UNDER 24 HRS. Hours 13 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Personal Papers found on Body			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records, death DUE TO (b) was due to being shot under the left arm, with DUE TO (c) a 22 pistol, which passed to the right side. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 981X						INTERVAL BETWEEN ONSET AND DEATH 0	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Man was shot with a 22 pistol				
20c. TIME OF INJURY Hour Oct. 6, 57 a. m. 10 p. m. 00							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) On Levee		20f. CITY, TOWN, OR LOCATION COUNTY STATE New Madrid New Madrid, Missouri			
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 <i>Joy Hedgpeth Corone</i> (Degree or title) 3				22b. ADDRESS New Madrid, Missouri		22c. DATE SIGNED 22 Oct 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Lathern Cemetery		23d. LOCATION (City, town, or county) (State) New Madrid, Missouri		
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo. ADDRESS New Madrid,				25. DATE RECD. BY LOCAL REG. 32 Oct 57		26. REGISTRAR'S SIGNATURE <i>Joy Hedgpeth</i>	

MEDICAL CERTIFICATION

DATE RECEIVED OCT 23 1957
NEW MADRID CO. HEALTH CENTER

P. 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

Ray L. Doherty

Licensed Embalmer No. 488

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.