

FILED DEC 16 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41212

STATE FILE NUMBER

 Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 57

 Health,  
 Welfare  
 Public  
 Service
300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> <u>New Madrid</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Canalou</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>520 Mill</u>		Length of stay in 1b <u>Few Mins.</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle ----- Last <u>McGee</u>			4. DATE OF DEATH Month <u>November</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 10, 1938</u>	9. AGE (In years last birthday) <u>19</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u> Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Butler McGee</u>			14. MOTHER'S MAIDEN NAME <u>Annie Lee Cozark</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>361-28-4071</u>	17. INFORMANT Address <u>Butler McGee, Canalou, 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
DUE TO (b) <u>death was due to being shot by 22 rifle,</u>					
DUE TO (c) <u>in the left chest, above left arm pit.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>Above was shot in left chest, above left arm pit,</u>			
20c. TIME OF INJURY: Hour <u>00m</u> Month <u>Nov</u> Day <u>29</u> Year <u>57</u> <u>Approx. 7/7</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, <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Rural-New Madrid Twp New Madrid, 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>Dr. H. Hedgcock</u> (Degree or title)			22b. ADDRESS <u>New Madrid, Missouri</u>		22c. DATE SIGNED <u>29 Nov. 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>1 Dec. 57</u>	<u>Sunset Cemetery</u>		<u>Sikeston, Missouri</u>
24. FUNERAL DIRECTOR <u>Richards Undertaking Co. Mo.</u>		ADDRESS <u>New Madrid,</u>	25. DATE RECD. BY LOCAL REG. <u>29 Nov 57</u>	26. REGISTRAR'S SIGNATURE <u>Fred Hedgcock</u>	

(Licensed Embalmer's Statement on Reverse Side)

512

DEC 2 1957

DATE RECEIVED

NEW MADRID CO. HEALTH CENTER

*P. J. L.*

1958

DEC 17 1957

**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 \_\_\_\_\_

Licensed Embalmer No. *488*

P. O. Address *New Madrid*

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.