

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

41214

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 56

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 casually 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. STATE <u>Missouri</u> b. CITY <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>New Madrid</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | | Length of stay in 1b <u>44 Years</u> | | d. STREET ADDRESS <u>+21 Virginia St.</u> (If outside, give location) | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Lee</u> Last <u>Smith</u> | | | | 4. DATE OF DEATH <u>November 23, 1957</u> Month <u>November</u> Day <u>23</u> Year <u>1957</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Sept. 10, 1880</u> | | 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>13</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | 11. BIRTHPLACE (City and state or country) <u>Trenton, Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13. FATHER'S NAME <u>Jack Smith</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Melvina McCoy</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> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Lila Smith, New Madrid, Missouri</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>Cardiac decompensation irreversible</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary left chest wall</u> | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 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 _____ a. m. _____ p. m. _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>22 Nov 57</u> to <u>23 Nov 57</u> and last saw ^{her} him alive on <u>23 Nov 57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE <u>Charles E. [unclear]</u> (Degree or title) | | | | | 22b. ADDRESS <u>New Madrid, Mo</u> | | | 22c. DATE SIGNED <u>24 Nov 57</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>25 Nov. 57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Lathern Cemetary</u> | | 23d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Richards Undertaking Co. Mo.</u> ADDRESS <u>New Madrid,</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>25 Nov 57</u> | | 26. REGISTRAR'S SIGNATURE <u>Fay Hedgeseth</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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DATE RECEIVED NOV 27 1957
NEW MADRID CO. HEALTH CENTER
P. G. 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 Tommy L. Roberts
Licensed Embalmer No. 480
P. O. Address Miss Madia

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.