No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 2 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002232
State File No.

BIRTH NO. REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN Lilbourn
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN Lilbourn 0720 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Willie
b. (Middle) James
c. (Last) Miles

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1959

5. SEX Male 2
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH Nov. 30, 1958
9. AGE (In years last birthday) 0 — If under 1 year: Months 1 Days 18 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (City and State or Foreign Country) New Madrid Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Earnest Miles
13b. MOTHER'S MAIDEN NAME Elonara Mathis
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earnest Miles, Lilbourn, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant, by

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) all record death was due

DUE TO (c) to Pneumonia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 493 x
20. AUTOPSY? YES ☐ NO ☐ 0

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Ed Hedgspeth (Degree or title) Coroner
23b. ADDRESS New Madrid. Mo.
23c. DATE SIGNED Jan. 18-59

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 19 Jan59
24c. NAME OF CEMETERY OR CREMATORY Catron Cemtery
24d. LOCATION (City, town, or county) (State) Catron, Missouri

DATE REC'D BY LOCAL REG. 1-24-59
REGISTRAR'S SIGNATURE H. L. Ponder Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Undertaking Co. New Madrid, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NEW MADRID CO. HEALTH CENTER

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tommy 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. (Fai 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.