

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-033153

STATE FILE NUMBER

Registration District No. 2-2-2 Primary Registration District No. 4-3-2 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>No.</b>		d. STREET ADDRESS (If outside, give location) <b>1905 N - 9th St.</b>	

3. NAME OF DECEASED (Type or print) First <b>Jessie</b> Middle <b>Mae</b> Last <b>Skelton</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>29</b> Year <b>59</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-3-23</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Manufacturing</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fisher Body Co. St. Louis, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>Black Oak, Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Alvia Little</b>		13b. MOTHER'S MAIDEN NAME <b>Gertie Allen</b>		14. NAME OF HUSBAND OR WIFE <b>-- --</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>498-20-5987</b>	17. INFORMANT <b>Mrs. Gertie Little Marston, Mo.</b>	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) <b>Fractured skull, broken left leg,</b>		INTERVAL BETWEEN ONSET AND DEATH <b>At once.</b>
DUE TO (b) <b>Crushed chest</b>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	---	--

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.) <b>Car and truck ran together</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month <b>Aug</b> Day <b>29</b> Year <b>59</b>		on Highway 61 7 Miles north of New Madrid, Mo.	
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.) <b>Highway 61</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>7 Miles N of New Madrid, Mo.</b>

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.

25. SIGNATURE (Degree or title) <i>Jay Hedgepeth Coroner</i>		22b. ADDRESS <b>New Madrid, Mo.</b>		22c. DATE SIGNED <b>8-29-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Portageville,</b>	23d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b>		
24. FUNERAL DIRECTOR <b>Richards Funeral Home New Madrid, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-1-59</b>	26. REGISTRAR'S SIGNATURE <i>Jay Hedgepeth</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 8 1912

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 Leo Higginbotham

Licensed Embalmer No. 3803

P. O. Address New Made

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.