

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid,	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Madrid		Length of stay in 1b	c. CITY OR TOWN New Madrid, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Samuel W. Kimball			4. DATE OF DEATH Month Day Year Nov. 14 59		
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY -- --	11. BIRTHPLACE (City and state or country) New Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Jess C. Kimball	13b. MOTHER'S MAIDEN NAME Annie Jones	14. NAME OF HUSBAND OR WIFE Annie La Mastus
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT Address Annie La Mastus New Madrid Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embolism Cerebral INTERVAL BETWEEN ONSET AND DEATH 5 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Mesenteric Thrombosis 24 hrs.	DUE TO (c) Viral Enteritis 3 days.

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from **12 November 1959** to **14 November 59** and last saw ^{her}him alive on **14 November 1959**
 Death occurred at **6:30 Pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Louis J Smith M.D.	22b. ADDRESS New Madrid Mo	22c. DATE SIGNED 24 Nov 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Park	23d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.
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24. FUNERAL DIRECTOR ADDRESS Richards Und't Co. New Madrid, Mo.	25. DATE RECD. BY LOCAL REG. 12-2/59	26. REGISTRAR'S SIGNATURE Louis J Smith
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF :

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 H. Hagen

Licensed Embalmer No. 3808

P. O. Address New Trade

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.