

**FILED VS FEB 5 1960**  
**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-002620**

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 3 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lilbourn</u>		Length of stay in 1b <u>7 yrs</u>		c. CITY OR TOWN <u>Lilbourn</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>2 mi West of Lilbourn</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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>Chice</u> Middle <u>Anthony</u> Last				4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>60</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-12-87</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Massage parlor</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Steve Hemphill</u>			13b. MOTHER'S MAIDEN NAME <u>Cembrauer</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Taylor Lilbourn MO</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mattie Taylor Lilbourn MO</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>Cerebrovascular accident</u> DUE TO (b) <u>Generalized Atherosclerosis</u> 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 hour</u>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		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 _____
21. I attended the deceased from <u>1956</u> to <u>1/21/60</u> and last saw <sup>her</sup> / <sub>him</sub> alive on _____ Death occurred at <u>Charles Hemphill</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles Hemphill</u>			22b. ADDRESS <u>New Madrid MO</u>			22c. DATE SIGNED <u>25 Jan 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>1-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Net Zion</u>		23d. LOCATION (City, town, or county) <u>Shrewsbury Ark</u>		
24. FUNERAL DIRECTOR <u>German Funeral Home Steele MO</u>			ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>1-29-1960</u>	26. REGISTRAR'S SIGNATURE <u>H. J. Ponder Deputy</u>		

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 \_\_\_\_\_ or by Jim F. McClure, Student Embalmer No. 590

working under my personal supervision.

Student Jim F. McClure  
Signature of Student Embalmer

Signed Noel C. Sea

Licensed Embalmer No. 394

P. O. Address Caruth

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.