

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007374

FILED VS MAR 7 1960

STATE FILE NUMBER

ENDED

Registration District No. 241 Primary Registration District No. 5838 Registrar's No. 10

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) OR TOWN LaSear Township		Length of stay in 1b		c. CITY OR TOWN Portageville		Inside Limits YES No ☐							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐						
3. NAME OF DECEASED (Type or print) First Rosie Middle Lee Last Adams				4. DATE OF DEATH Month Feb. Day 21, Year 1960									
5. SEX Female		6. COLOR OR RACE Colored		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 3/4/34		9. AGE (last birthday) 25		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done if not at work in life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pt. Pleasant, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Alex Marr				13b. MOTHER'S MAIDEN NAME Corine Marr				14. NAME OF HUSBAND OR WIFE Printis Adams					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address Alex Marr Pt. Pleasant, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No medical Attendant Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Natural causes DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Edith H. Hargreth (Degree or title)				22b. ADDRESS New Madrid, Mo				22c. DATE SIGNED 3/24/60 (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/25/60		23c. NAME OF CEMETERY OR CREMATORY Masonic		23d. LOCATION (City, town, or county) Pt. Pleasant, Mo.							
24. FUNERAL DIRECTOR Richards Funeral Home ADDRESS New Madrid Mo.				25. DATE RECD. BY LOCAL REG. 2-26-60		26. REGISTRAR'S SIGNATURE Ellen D. McLean							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 Sam L. Hedgepeth, Student Embalmer No. 586

working under my personal supervision.

Student Sam L. Hedgepeth
Signature of Student Embalmer

Signed Sam L. Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.