

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011890

FILED VS MAR 1 8 1960

Registration District No. 238 Primary Registration District No. 5823 4855 Registrar's No. 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Length of stay in 1b Life		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 New Madrid			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 313 Tenn.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Robert Middle Kimball Last Kimball				4. DATE OF DEATH Month March Day 9 Year 1960									
5. SEX Male		6. COLOR OR RACE "white"		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/7/29		9. AGE (last birthday) 31		IF UNDER 1 YEAR Months 2 Days 2 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day - Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New Madrid		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME W. L. Kimball				13b. MOTHER'S MAIDEN NAME Gladis Raby				14. NAME OF HUSBAND OR WIFE None					
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. 489-30-994		17. INFORMANT Address W.L. Kimball New Madrid, 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) Irreversible cardiac decompensation DUE TO (b) Bronchiectasis, severe DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 1 week years			
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 Dec 1959 to 8 March and last saw her/him alive on 8 March Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Charles P. [Signature]</i> (Degree or title) MD						22b. ADDRESS New Madrid, Mo.			22c. DATE SIGNED 11 March				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/10/60		23c. NAME OF CEMETERY OR CREMATORY Evergreen		23d. LOCATION (City, town, of county) New Madrid		STATE Mo.					
24. FUNERAL DIRECTOR Richards Funeral Home ADDRESS New Madrid				25. DATE RECD. BY LOCAL REG. 3/11/60		26. REGISTRAR'S SIGNATURE Jay Hedgepeth							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1991-30-93A

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 Hedgepeth, Student Embalmer No. 586

working under my personal supervision.

Student Sam Hedgepeth
Signature of Student Embalmer

Signed Leo Hedgepeth

Licensed Embalmer No. 3503

P. O. Address New Mad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

ject should be so stated above.