

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 18 1960

60-011906

INDEXED

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 52 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>Mich</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u>		Length of stay in 1b <u>6 months</u>	c. CITY OR TOWN <u>Detroit, Mich.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 ml. west of Kenawee</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>13450 Fleming</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>H.</u> Last <u>Stiff Jr.</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/15/20</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day-laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Greenburon, Ala.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Stiff Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Pricella Rollins</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>Urk</u>	17. INFORMANT Address <u>Pricella Stiff Detroit, Mich.</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>Exposure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Frozen to death</u>	
	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 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 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.) <u>Froze to death in cotton field</u>	
20c. TIME OF INJURY Hour <u>3:00</u> a.m. <u> </u> Month <u>9</u> Year <u>1960</u>		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.) <u>1 ml. west of Kenawee</u>		20f. CITY, TOWN, OR LOCATION <u>Kenawee</u>	COUNTY <u>New Madrid</u> STATE <u>Mo.</u>

21. I attended the deceased from 3:00 to and last saw her/him alive on a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>New Madrid, Missouri</u>	22c. DATE SIGNED <u>3/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/12/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	23d. LOCATION (City, town, or county) (State) <u>Detroit, Mich.</u>
24. FUNERAL DIRECTOR <u>Mc Fall Bros. Detroit, Mich</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3/12/60</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1960

STATEMENT BY LICENSED EMBALMER

MAR 18 1960

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. _____

working under my personal supervision.

Student Sam Hedgepeth
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.