

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 6 1960

-60-016229

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 12

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 b. COUNTY New Madrid					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marston, Mo.		Length of stay in 1b 1 1/2 years		c. CITY OR TOWN Marston, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marston, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First OPAL Middle IMAGENE Last LITRELL				4. DATE OF DEATH Month April Day 23 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/24/1927	9. AGE (last birthday) 32	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife			10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Monroe Hampton			13b. MOTHER'S MAIDEN NAME Maggie McDowell			14. NAME OF HUSBAND OR WIFE J. D. Littrell			
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 J.D. Littrell			Address Marston, 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) Fractured skull, crushed chest, DUE TO (b) broken legs and arms. DUE TO (c) car ran into truch on hwy. #61 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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.) car ran into truch on hwy. #61						
20c. TIME OF INJURY 3:15	Hour a.m. Month, Day, Year 4/23/60								
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, school, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Marston		COUNTY New Madrid, Mo.		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Dr. H. L. Ponder</i> (Degree or title)					22b. ADDRESS <i>New Madrid Mo</i>		22c. DATE SIGNED <i>4-24-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4/25/60	23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery		23d. LOCATION (City, town, or county) Portageville, Mo.				
24. FUNERAL DIRECTOR Richards			ADDRESS New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-1960		26. REGISTRAR'S SIGNATURE <i>H. L. Ponder Deputy</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1960

OCT 6 1964

VS MAY 9 1960

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 S. L. Hedgepeth

Licensed Embalmer No. 5803

P. O. Address New Mad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.