RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

-60-031433
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid — Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) In Miss. river — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid
c. CITY OR TOWN New Madrid — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 224 2cd St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: Last: VALENTINE
4. DATE OF DEATH Month, Day, Year: August 28, 1960
5. SEX Male ~~Colored~~
6. COLOR OR RACE Colored
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/24/46
9. AGE (last birthday) 14 — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and state or country) LaComet, Mississippi
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Rubur Valentine
13b. MOTHER'S MAIDEN NAME Mable Rodgers
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mable Valentine — Address New Madrid, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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.) Drowning in Mississippi River
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 8/28/60
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.) Mississippi river
20f. CITY, TOWN, OR LOCATION New Madrid, COUNTY New Madrid, STATE Mo.

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

22a. SIGNATURE Leo Hedgpeth (Degree or title) Coroner
22b. ADDRESS New Madrid, Missouri
22c. DATE SIGNED 8/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/30/60
23c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery
23d. LOCATION (City, town, or county) New Madrid, (State) Missouri

24. FUNERAL DIRECTOR RICHARDS
ADDRESS New Madrid, Mo.
25. DATE RECD. BY LOCAL REG. 8/30/60
26. REGISTRAR'S SIGNATURE Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____ Embalmed _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5000

P. O. Address New Madrid

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