SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

handler

AMENDED

-61-014551

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 58-23 4355 Registrar's No. 7

FILED MAY 8 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location):
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN: New Madrid
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 607 Russell
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Beckie Middle: Last: Miles
4. DATE OF DEATH: Month: April Day: 27 Year: 1961
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: April-15-1892
9. AGE (last birthday): 69
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 Word
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Tiles Walker
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Farnest Miles
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.:
17. INFORMANT: Address:

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) Bronchopneumonia Bilat.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension Arteriosclerosis
DUE TO (c) Arthritis.
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 May 27-1943 - April 27-1961 and last saw her alive on March 7-1961.
Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O.B. Chandler MD
22b. ADDRESS: New Madrid Mo
22c. DATE SIGNED: 4-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April-30-1961
23c. NAME OF CEMETERY OR CREMATORY: Fannie Powell
23d. LOCATION (City, town, or county): New Madrid (State): Mo.

24. FUNERAL DIRECTOR: Richards Funeral Home Inc. ADDRESS: New Madrid Mo.
25. DATE RECD. BY LOCAL REG.: 4/29/61
26. REGISTRAR'S SIGNATURE: Fay Hedgepeth

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leo Hedgpeth

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.