MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'ARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007295
STATE FILE NUMBER

AMENDED

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 11

FILED MAR 13 1962

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Matthews — Length of stay in 1b: 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None — 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) no Street address — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Minnie Middle: May Last: Maness
4. DATE OF DEATH Month 2 Day 23 Year 62
5. SEX Female
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May-18-1887
9. AGE (last birthday) 75 — 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 Work.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Piedmont, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm Provo
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE Arther Maness
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. No.
17. INFORMANT Arther Maness 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) Cardiac Fatigue — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mitral Regurgitation - Uterine Metastasis
DUE TO (c) Carcinoma - Diabetes - Ulceration

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 Feby 2 - 1962, to Feby 23 - 62 and last saw her alive on Feby 20 - 1962
Death occurred at 3 P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. B. Chandler (Degree or title) M. D.
22b. ADDRESS New Madrid Mo
22c. DATE SIGNED 3-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/24/62
23c. NAME OF CEMETERY OR CREMATORY Maunds Park
23d. LOCATION (City, town, or county) (State) Near New Madrid Mo.
24. FUNERAL DIRECTOR Richards Funeral Home, Inc. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-7-62
26. REGISTRAR'S SIGNATURE Fay Hedgepeth

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			

BY AFFIDAVIT OF DOCUMENT

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. Not Embalmed

Student_____ Signed Lord Hedgepeth

Signature of Student Embalmer

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.