

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016125

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 22

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10720

20720

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>NEW MADRID</u>		a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW MADRID</u>		c. CITY OR TOWN <u>NEW MADRID</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NO</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Mc DANIEL</u> Last <u>Mc DANIEL</u>		4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OF RACE <u>COLORED</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept-8-1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Toddman Co. Ark.</u>
12a. FATHER'S NAME <u>GRANT Oglesby</u>		12b. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. MOTHER'S MAIDEN NAME <u>Hattie Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. M. Daniel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT <u>Dr. M. Daniel, New Madrid, Mo</u>		Address <u>171. 15100</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>			<u>8 hours</u>
DUE TO (b) <u>Pulmonary Congestion</u>			<u>2 days</u>
DUE TO (c) <u>Carcinoma of lungs</u>			<u>1 month</u>
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>4-20-62</u> to <u>4-20-62</u> and last saw her/him alive on <u>4-20-62</u> . Death occurred at <u>10:15</u> <u>A</u> -m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James O'Connell, D.O.</u>		22b. ADDRESS <u>Kellevin, Mo</u>	22c. DATE SIGNED <u>4-23-62</u>
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Burial</u>	23b. DATE <u>4/24/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>	23d. LOCATION (City, town, or county) <u>Conway, Ark.</u>
24. FUNERAL DIRECTOR <u>Edwards Funeral Home New Madrid, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle G. G. G.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *L. B. Hedgespeth*

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.