MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 47

-62-043538
STATE FILE NUMBER

FILED NOV 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0721
2 0720,
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4 3
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11 072
12 91-3
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: No.
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: Matthews
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 6 miles S of Sikeston
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Eliza Middle: Last: Barnhill
4. DATE OF DEATH: Month: Nov. Day: 21 Year: 62
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/16/07
9. AGE (last birthday): 55
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): Housework
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: George Peet
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Fred Barnhill
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: Joseph Fletcher Address: Sikeston, Mo. R3

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): Hit by truck while on the road
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fractured skull, broken left arm,
DUE TO (c): broken right leg.
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: 8:00 ~~a.m.~~ p.m. Month, Day, Year: 11/21/62
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.): Road
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: Lee Hedgpeth (Degree or title): Coroner
22b. ADDRESS: New Madrid, Mo.
22c. DATE SIGNED: 11/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/25/62
23c. NAME OF CEMETERY OR CREMATORY: Sunsit
23d. LOCATION (City, town, or county) (State): Sikeston, Mo.
24. FUNERAL DIRECTOR: Richards Funeral Home ADDRESS: New Madrid, Mo.
25. DATE RECD. BY LOCAL REG.: 11-23-62
26. REGISTRAR'S SIGNATURE: Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

Permit attached 11-21-62

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. Hedgpeth

Licensed Embalmer No 3803

P. O. Address New Madrid Mo

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.