

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002748
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB.

AMENDED

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

FILED FEB 25 1963

VS 300¹
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid		Length of stay in 1b	c. CITY OR TOWN New Madrid
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 933 Water St.
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Fields			4. DATE OF DEATH Month Day Year Feb. 19, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Timber worker		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 73
11a. BIRTHPLACE (City and state or country) Harrisburg, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W.H. Fields		13b. MOTHER'S MAIDEN NAME Mary Alice Tharn	14. NAME OF HUSBAND OR WIFE Edigh Fields
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT Address Bessie Clark, New Madrid, Mo.
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Generalized arteriosclerosis DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 hour
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 a.m. Month, Day, Year			
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 _____ to _____ and last saw him alive on 19 Feb 63 Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles A. [Signature]</i>		22b. ADDRESS <i>New Madrid, Mo.</i>	22c. DATE SIGNED <i>21 Feb 63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/22/63	23c. NAME OF CEMETERY OR CREMATORY Mounds Park,	23d. LOCATION (City, town, or county) (State) New Madrid, Mo.
24. FUNERAL DIRECTOR Richards Funeral Home Inc. New Madrid, Mo.		25. DATE RECD. BY LOCAL REG. 2/21/1963	26. REGISTRAR'S SIGNATURE <i>Jay Hedgpeth</i>

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. Hedgepeth

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.

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