

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040718

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 51

FILED NOV 12 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <b>New Madrid</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b> Length of stay in lb <b>Life</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>No</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>New Madrid</b> c. CITY OR TOWN <b>New Madrid</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>426 Dunn St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> First Middle Last <b>Billie Jean Cooper</b> (Type or print)			<b>4. DATE OF DEATH</b> Month Day Year <b>Nov. 6 63</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>C.</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>3-14-61</b>	<b>9. AGE (last birthday)</b> <b>2</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Child</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>-- --</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>New Madrid, Co. Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>	
<b>13a. FATHER'S NAME</b> <b>Preston Jones</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Hawkins</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>No.</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>No. No.</b>		<b>16. SOCIAL SECURITY NO.</b> [Redacted]	<b>17. INFORMANT</b> Address <b>Louise Hawkins 426 Dunn New Madrid, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acidosis, dehydration</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gastroenteritis</b> DUE TO (c) _____ 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						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>6 NOV 63</u> to <u>6 NOV 63</u> and last saw her/him alive on <u>6 NOV 63</u> Death occurred at <u>10:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>Charles Cooper MD</i>			<b>22b. ADDRESS</b> <b>New Madrid, Mo.</b>		<b>22c. DATE SIGNED</b> <b>7 NOV 63</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>11-10-63</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Sandhill</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>New Madrid, Mo.</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Richards Funeral Home New Madrid, Mo.</b>			<b>25. DATE REC'D. BY LOCAL REG.</b> <b>11/6/63</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Jay Hodges</i>		

DO NOT WRITE ON THIS STUB  
 AMENDED  
 VS 300 Rev. 4/59  
 1 0721  
 2 0731  
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 12 90-0  
 13 20  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 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 *Les Hedgespeth*

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.