

BIRTH NO. REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY: <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>Gideon</u> c. LENGTH OF STAY (in this place): <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Gideon, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>none</u>		STREET ADDRESS (If rural, give location):	

3. NAME OF DECEASED (Type or Print)	a. (First): <u>YETA</u>	b. (Middle): <u>CRUISE</u>	c. (Last): <u>COLWELL</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>4 25 1949</u>

5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>2-16-1880</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				<u>69</u>	<u>2</u> Months	<u>9</u> Days

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:	11. BIRTHPLACE (State or foreign country): <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>
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13a. FATHER'S NAME: <u>Billie Metcalf</u>	13b. MOTHER'S MAIDEN NAME: <u>Barbara Hewitt</u>	14. NAME OF HUSBAND OR WIFE: <u>W. H. Colwell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.:	17. INFORMANT'S SIGNATURE OR NAME: <u>W. H. Colwell</u>	ADDRESS:
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify):	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour):	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-25, 1949, to 4-25, 1949, that I last saw the deceased alive on 4-25, 1949 and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE: <u>J. S. Hopkins, M.D.</u> (Degree or title)	23b. ADDRESS: <u>Gideon, Mo.</u>	23c. DATE SIGNED: <u>5-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	24b. DATE: <u>4-28-1949</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Stouffield</u>	24d. LOCATION (City, town, or county) (State): <u>near Clarktown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-15-49</u>	REGISTRAR'S SIGNATURE: <u>Mrs. Byron</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>W. H. Colwell</u>	ADDRESS: <u>Clarktown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1949
RECEIVED
District Health Office No. 2, 161
District File Number 249-209
Date Filed _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed R. Russell

Licensed Embalmer No. 509-Sub

P. O. Address Fryett Ark.

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 this body is not embalmed, fact should be so stated above.