

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1949

State File No. 31156

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 39

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) OR TOWN: <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>New Madrid</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		72 11	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>NONE</u>		d. STREET ADDRESS (If rural, give location): <u>2 D</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>ALFRED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 5, 1888</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR: Months _____ Days _____	
11. UNDER 1 YEAR: Hours _____ Min. _____		12. UNDER 24 HRS. _____		13. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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		11. BIRTHPLACE (State or foreign country) <u>Gunnison, Mississippi</u>	

13a. FATHER'S NAME <u>Cagey Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Ophelia Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Alfred</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'S SIGNATURE OR NAME ADDRESS <u>Lewis Alfred New Madrid, Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Uterus</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.		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u> <u>174X</u>	
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19a. DATE OF OPERATION <u>Aug 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Uterus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from April 2, 1948, to July 21, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quade M. Raper, M.D.</u>		23b. ADDRESS <u>Marion 200</u>		23c. DATE SIGNED <u>Aug 14 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)			

DATE RECD BY LOCAL REG. <u>9-3-49</u>		REGISTRAR'S SIGNATURE <u>Helene Lou Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard H. Co. New Madrid, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 12 1949
District Health Office No. _____
District File Number 949
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed L. S. Heagerty

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 the above constitutes grounds for revocation of license.)

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