

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11566

721

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 85

| | | | |
|---|---------------------------------|---|---|
| 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> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | d. STREET ADDRESS (If rural, give location) _____ | |
| 3. NAME OF DECEASED a. (First) <u>JERRY</u> | | b. (Middle) <u>CIVHANS</u> | |
| c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC - 29 - 50</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>COLORED</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JULY 4 - 1859</u> |
| 9. AGE (In years last birthday) <u>91</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (State or foreign country) <u>Ponotok, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>PAROLINE CIVHANS</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNK.</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>OPHELIA CIVHANS</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 <u>Ophelia Civhans, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-592X</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 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) <u>New Madrid New Madrid Mo</u> | |
| 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 <u>26 Nov.</u> , 19 <u>50</u> , to <u>Dec 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Charles C. Reeder M.D.</u> | | 23b. ADDRESS <u>New Madrid Mo</u> | |
| 23c. DATE SIGNED <u>4 Jan 1950</u> | | 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>1/2/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincent</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richardson</u> | |
| DATE REC'D BY LOCAL REG. <u>1-5-50</u> | | REGISTRAR'S SIGNATURE <u>Belton Louis Jones</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richardson</u> | | ADDRESS <u>Undr, New Madrid</u> | |

Reeder

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE No.

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *L. S. Adger*.....

Signed.....
Student Embalmer

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