

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9401

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 19

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 OR TOWN <u>NEW MADRID</u>		c. CITY OR TOWN <u>NEW MADRID, 0721</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>JOICE</u> c. (Last) <u>CENTLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/30/51</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE 0</u>	8. DATE OF BIRTH <u>1948</u>
9. AGE (In years last birthday) <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	
13a. FATHER'S NAME <u>JAMES CENTLES</u>		13b. MOTHER'S MAIDEN NAME <u>EULENE PUGH</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JAMES CENTLES</u>		ADDRESS <u>NEW MADRID, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>New Madrid, Mo</u>	23c. DATE SIGNED <u>3/30/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u>
DATE REC'D BY LOCAL REG. <u>4-7-51</u>	REGISTRAR'S SIGNATURE <u>Helou Loud Jones</u> 216	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Wolt Co. New Madrid, Mo</u>	

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

721

RECEIVED

APR 10 1951

DISTRICT HEALTH OFFICE No. 6

Title 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.

Signed.....
Student Embalmer

Not Embalmed
Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

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.