

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32374

State File No. _____

FILED OCT 15 1952

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|--|--|---|---|--|--------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>240</u> | | PRIMARY REG. DIST. NO. <u>5826</u> | | Registrar's No. <u>34</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA FONT</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 MILES East of MARSTON</u> d. STREET ADDRESS (If rural, give location) <u>3922</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BABBY</u> b. (Middle) <u>VANN.</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 - 1952</u> | | 5. SEX <u>MALE</u> | | |
| 6. COLOR OR RACE <u>BLACK.</u> | | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u> | | 8. DATE OF BIRTH <u>SEPT 22, 1952</u> | | 9. AGE (In years last birthday) <u>11</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |
| 13a. FATHER'S NAME <u>BOOKER T VANN</u> | | 13b. MOTHER'S MAIDEN NAME <u>JANNIE BAKER</u> | | 14. NAME OF HUSBAND OR WIFE <u>CHILD</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>Booker T. Vann, Pottsville, Mo</u> ADDRESS _____ | | | |
| 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>No. Medical attendant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cause of death Unknown</u> 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 _____ | |
| 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) _____ | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Ed. Hedgcock</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>New Madrid, Mo.</u> | | 23c. DATE SIGNED <u>Oct 4 - 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>OCT-4-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u> | | 24d. LOCATION (City, town, or county) (State) <u>NEAR MARSTON, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>10-13-52</u> | | REGISTRAR'S SIGNATURE <u>H. L. Gonder Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard</u> ADDRESS <u>New Madrid</u> | | | |

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

3922

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.

Not Embalmed

Student
Student Embalmer

Signed _____

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.