

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36626

FILED NOV 9 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5826 Registrar's No. 1

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>Mississippi</u>	
b. CITY OR TOWN <u>Marston (Rural)</u>		c. CITY OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>Pecan Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Junction Highway 61 &amp; 62</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Phenix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 13, 1936</u>
9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Vicksburg, Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wilson Phenix</u>		13b. MOTHER'S MAIDEN NAME <u>Johnnie Givens</u>	
14. NAME OF HUSBAND OR WIFE _____			
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>494-38-6538</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mattie Givens, Gen. Del. Charleston, Mo.</u>			
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed body caused by</u>  ANTECEDENT CAUSES <u>Auto Accident.</u> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT-CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61 &amp; 62</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 25, 1953 11:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Collided.</u>	
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 <u>11:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Hedgworth, Coroner</u>		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>Oct 27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <u>Chyde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fr. J. Sparks</u> <u>Charleston, Mo.</u>	

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

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**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 *Frank Sparks* .....

Licensed Embalmer No. *3455* .....

P. O. Address *Cape Girardeau 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.