

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38131

FILED DEC 14 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 58250 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) 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>Rural - St. J. 2nd</u>		c. CITY OR TOWN <u>0720</u>	
c. LENGTH OF STAY (In this place) <u>14 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles S. East Prairie</u>		e. STREET ADDRESS (If rural, give location) <u>12 Miles S. East Prairie</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NORMA</u>	b. (Middle) <u>JEAN</u>	c. (Last) <u>ORGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>3-7-1940</u>	9. AGE (In years) (last birthday) <u>14</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attended grade school</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid County, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Sam Organ</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Johnson</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Organ</u>	ADDRESS <u>East Prairie</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidentally shot with</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>shot gun while playing</u>		
	DUE TO (c) <u>at home. Right thoracic part of body.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ly body.</u>		E9190 19	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Home</u>	21c. (City and State or Foreign Country) <u>New Madrid, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 5 1954 4 p.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>Shot with gun accidentally</u>
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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 (Degree or title) <u>Les Hedgespeth Coroner</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>12/10/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Tree Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/10/54</u>	REGISTRAR'S SIGNATURE <u>Les Hedgespeth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dravis Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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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.....
Signature of Student Embalmer

Signed *W. Travis Shelby Jr.*.....

Licensed Embalmer No. *2492*

P. O. Address *East Prairie*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.