

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37578**

No. 300
10-48

FILED NOV 23 1955

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5821** Registrar's No. **36**

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - BIG PRAIRIE		c. LENGTH OF STAY (in this place) 12 years	c. CITY OR TOWN EAST PRAIRIE
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles West East Prairie		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 12	
3. NAME OF DECEASED (Type or Print) a. (First) ILER b. (Middle) M. c. (Last) FRANKS		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 10, 1914
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Domestic	11. BIRTHPLACE (City and State or Foreign Country) Leonard, Georgia
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Nathan Hammonite	14. MOTHER'S MARTHEN NAME Delia Busby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lawson K. Franks		ADDRESS East Prairie	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot in nose with 22 pistol.	
		DUE TO (b) _____	
		DUE TO (c) _____	
		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 9190 19	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 8 - 1955 - m.	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 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lawrence H. Carones		23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED Nov 12 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 11-10-55	24c. NAME OF CEMETERY OR CREMATORY Dogwood	24d. LOCATION (City, town, or County) (State) East Prairie, Mo.
DATE REC'D BY LOCAL REG. 15 Nov 55		REGISTRAR'S SIGNATURE Lawson K. Franks	
		GENERAL DIRECTOR'S SIGNATURE Shelby East Prairie	

DATE RECEIVED NOV 21 1955
NEW MADRID CO. HEALTH CENTER
P. G. S.

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 Travis Shelby Jr.

Licensed Embalmer No. 4944

P. O. Address East. Plaza

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.