

8371

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 16 1956

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5185</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH a. COUNTY <u>Cane Girardeau</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>R. Cane GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>Enroute</u>		c. CITY OR TOWN <u>New Madrid</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Way 61 South</u>				e. STREET ADDRESS (If rural, give location) <u>+1/2 miles north New Madrid</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>Milton</u> c. (Last) <u>Coneland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 1, 1904</u>	
9. AGE (In years) (If under 1 year, give birth date) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>real estate</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi Co. Ark.</u>	
11a. FATHER'S NAME <u>John Bell Coneland</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah L. Wimberly</u>		11c. NAME OF HUSBAND OR WIFE <u>Bess Coneland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		13. SOCIAL SECURITY NO. <u>Unk.</u>		13. INFORMANT'S SIGNATURE OR NAME <u>Bess Coneland, New Madrid, Mo.</u>		13. ADDRESS _____	
14. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Fracture of Skull - Internal</u>  ANTECEDENT CAUSES <u>Injuries of the Chest</u> 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. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
15a. DATE OF OPERATION _____		15b. MAJOR FINDINGS OF OPERATION _____		15c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		16b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 61</u>		16c. CITY, TOWN, OR TOWNSHIP <u>016</u> (COUNTY) _____ (STATE) <u>Mo</u>			
16d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 30 56 7</u> m.		16e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		16f. HOW DID INJURY OCCUR? <u>Two autos collided head on</u>			
17. 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.							
18a. SIGNATURE <u>J. G. Sigmond, Coroner</u> (Degree or title)				18b. ADDRESS <u>Jackson Mo</u>		18c. DATE SIGNED <u>4/9/56</u>	
19a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		19b. DATE <u>2 April 56</u>		19c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		19d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>	
20. DATE REC'D BY LOCAL REG. <u>4-11-56</u>		20. REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		21. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u>		21. ADDRESS <u>New Madrid, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1956

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 *Terry L. Roberts*.....

Licensed Embalmer No. *74896*.....

P. O. *New Madrid*.....

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.