

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5822 Registrar's No. 17

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>New Madrid,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Madrid.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Matthews,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Emma T.</u> b. (Middle) <u>Allen</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>3/30.1956</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March, 19. 1898</u>	9. AGE (In years last birthday) <u>58</u> Months <u>0</u> Days <u>11</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Ga.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	

13a. FATHER'S NAME <u>Jasper People</u>	13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE
---	---------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lulla Mae Edwards</u> ADDRESS <u>Matthews, Mo. R</u>
--	------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Arteriosclerosis - Bronchial Asthma</u>		
	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 <u>443x</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1956, to March 30, 1956, that I last saw the deceased alive on March 27, 1956, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Trville B. Chandler MD</u>	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>4/3/56</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3 April 56</u>	REGISTRAR'S SIGNATURE <u>Jay Hodge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Und't Co.</u> ADDRESS <u>New Madrid, Mo.</u>
--	--	---

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

9561 01 1956

DATE RECEIVED APR 5 1956  
NEW-MADRID CO. HEALTH CENTER  
P. J. 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 Tommy L. Roberts  
Licensed Embalmer No. 488  
P. O. Address 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.