

No. 300
70.48

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17139**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY New Madrid 0721		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid 0721	
b. CITY (If outside corporate limits, write RURAL and give township) New Madrid 3		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Line St.		c. CITY OR TOWN New Madrid	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 632 Mott St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodis	b. (Middle)	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year)	May 11, 1956
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5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 April 1927	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 0	IF UNDER 6 HRS. Days 16	Hours 16	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Essex, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arthur White	13b. MOTHER'S MAIDEN NAME -	14. NAME OF HUSBAND OR WIFE Annie S. White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Korea War	16. SOCIAL SECURITY NO. 489-30-9119	17. INFORMANT'S SIGNATURE OR NAME Evelyn White, New Madrid, Mo.	ADDRESS Mo.
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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, ashenia, 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) No Medical Attendant, shot with 22 rifle in left arm, which by all records entered the heart		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart 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 981X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid New Madrid, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 11 56 12:30 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot to death by hands of another man
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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 **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray Hedgepeth	23b. ADDRESS Corona New Madrid Mo May 14-56	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14 May 56	24c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery	24d. LOCATION (City, town, or county) (State) New Madrid, Missouri
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DATE REC'D BY LOCAL REG. 14 May 56	REGISTRAR'S SIGNATURE Ray Hedgepeth	25. FUNERAL DIRECTOR'S SIGNATURE Richards Undertaking Co.	ADDRESS New Madrid,
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(Licensed Embalmer's Statement on Reverse Side)

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

120

REC'D 19 1956

MAR 28 1961

DATE RECEIVED MAY 15 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 Thomas L. Roberts
Licensed Embalmer No. 4886
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.