

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38863

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>5821</u>		Registrar's No. <u>57</u>		
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>				
b. CITY OR TOWN <u>RURAL Big潭</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SIKESTON</u>		d. STREET ADDRESS <u>716 TROY ST</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MATTHEWS R70</u>				d. STREET ADDRESS (If rural, give location) <u>1003</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BUFORD</u> b. (Middle) <u>LEE</u> c. (Last) <u>SHRUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-13-1900</u>		
9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 18 HRS. Hours _____ Min. _____		9. AGE (In years last birthday) <u>56</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>METAL WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>JUNK YARD</u>		11. BIRTHPLACE (State or foreign country) <u>KELLY STATION Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bud SHRUM</u>			13b. MOTHER'S MAIDEN NAME <u>LIZZIE DAVIS</u>			14. NAME OF HUSBAND OR WIFE <u>NANNIE</u>		
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>401-16-6268</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lizzie Jones - Sikeston Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hit by Car - Fractured Skull Broken Right leg</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Broken Right leg</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8124</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>25</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway #61</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Big潭 New Madrid Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 2 1956 11 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>Walking on Highway #61 Hit by car</u>						
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 <u>10:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. H. Hedgcock</u>			23b. ADDRESS <u>Coroner, New Madrid, Mo.</u>			23c. DATE SIGNED <u>11/10/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-5-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO.</u>		
DATE REC'D BY LOCAL REG. <u>11/10/56</u>		REGISTRAR'S SIGNATURE <u>Lay Hedgcock</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		ADDRESS		

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

DATE RECEIVED NOV 13 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
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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 this body is not embalmed, fact should be so stated above.