

STANDARD CERTIFICATE OF DEATH

14060

STATE FILE NUMBER

FILED APR 22 1957

Registration District No. 240 Primary Registration District No. 5836 Registrar's No. 10

Health, Welfare & Public Service

300
1-56

securing the medical certification in the same manner required by law. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>New Madrid</u> b. COUNTY <u>Missouri</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-LaFont</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Marston</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Roadside ditch</u>		Length of stay in lb <u>6 months</u>	d. STREET ADDRESS <u>5 miles N.E</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Gloria</u> Middle <u>Dean</u> Last <u>Williams</u>			4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 18, 1945</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Caldwell, Ark.</u>	
13. FATHER'S NAME <u>Lidell Williams</u>			14. MOTHER'S MAIDEN NAME <u>Ora Mae Wooden</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs Mae Williams, Marston Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>No medical attendant, by all records, death was due to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Crowning</u> DUE TO (c) <u>9295</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell from walk way into roadside ditch and drawn</u>			
20c. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year <u>April 4, 1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg, etc.) <u>County Road ditch</u>		20f. CITY, TOWN, OR LOCATION <u>Marston - LaFont, Missouri</u>		20g. COUNTY STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>			22b. ADDRESS <u>New Madrid, Mo</u>		22c. DATE SIGNED <u>April 8, 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6 April 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery</u>	
24. FUNERAL DIRECTOR <u>Richards Undertaking Co. New Madrid, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-57</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Ponder - Deputy</u>	
23d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>					

DATE RECEIVED APR 10 1957
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 James L. Roberts

Licensed Embalmer No. 428

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.