

Health,
& Welfare
Public
Service
7-32

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033600
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 239 Primary Registration District No. 5835 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Como Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Malden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb	d. STREET (If outside, give location) ADDRESS Apox 31/2 Miles S. E.
3. NAME OF DECEASED (Type or print) First Middle Last John Wesley Biles			4. DATE OF DEATH Month Day Year Sept-13-58
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 3, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 60
11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Alice Biles
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 411-28-2996	17. INFORMANT Address Alice Biles, R# Malden, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records, death was due Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) to being shot in head and right shoulder, with pistol. DUE TO (c) 981X			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) shot in head and right shoulder by another person	
20c. TIME OF INJURY Hour Month, Day, Year Apox 5:00 m. Sept. 13, 58			
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.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural-Como Twp. New Madrid, Mo.	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at New Madrid Co., Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. H. J. Hutchins		(Degree or title)	22b. ADDRESS New Madrid, Missouri
			22c. DATE SIGNED Sept 13 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 14 Sept. 58	23c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Missouri
24. FUNERAL DIRECTOR Richards Undertaking Co.		25. DATE RECD. BY LOCAL REG. 9/16/58	26. REGISTRAR'S SIGNATURE Dr. Geo. W. Hunt, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED OCT 1 1958
NEW MADRID CO. HEALTH CENTER

 *R. G. L.*

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

not embalmed

Signed *Tommy G. 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.