

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040836

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 238

Primary Registration District No. 5821

Registrar's No. 38

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Miss.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Big Prairie Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Blytheville</u>		80308 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway#61</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>67-B Chicksaw Ct.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>Howard</u> Last <u>Shinault</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Nov. 15, 1949</u>		9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u> IF UNDER 24 HRS. 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 -----		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Jeff Howard Shinault</u>		
13b. MOTHER'S MAIDEN NAME <u>Violet Ashworth</u>			14. NAME OF HUSBAND OR WIFE <u>None</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 <u>James W. Shinault, 4351 Aleatha St. St. Louis, 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</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>to fractured skull, broken legs, and possible internal</u> DUE TO (c) <u>injuries.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>was due</u>
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 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>Car and Tractor truck run together</u>		20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>Dec. 3, 58</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, city, street, office bldg., etc.) <u>Highway#61</u>		20f. CITY, TOWN, OR LOCATION <u>Rural-Big Prairie Twp</u> COUNTY <u>New Madrid</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> 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>Ed Hedgcock</u> (Degree or title)			22b. ADDRESS <u>New Madrid, Missouri</u>		22c. DATE SIGNED <u>Dec. 4, 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blytheville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Blytheville, Ark.</u>
24. FUNERAL DIRECTOR <u>Richards Undertaking Co.</u>		25. DATE RECD. BY LOCAL REG. <u>4 Dec 1958</u>		26. REGISTRAR'S SIGNATURE <u>Fuy Hedgcock</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

5. 1959 NVP

OCT 24 1962

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. Doherty* .....

Licensed Embalmer No. *4886* .....

P. O. Address *New Mexico* .....

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.