

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040837  
STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 238

Primary Registration District No. 5821

Registrar's No. 29

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ark</b> b. COUNTY <b>Miss.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural- Big Prairie twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Blytheville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway #61</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>67-B Chicksaw Ct.</b>
3. NAME OF DECEASED (Type or print) First <b>Jeff</b> Middle <b>Davis</b> Last <b>Shinault</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>3,</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-7-1907</b>
9. AGE (in years last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Weather Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Willam Shinault</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Violet Ashworth Shinault</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>James W. Shinault</b> Address <b>4351 St. Aleatha St. Louis, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>No. Medical attendant, by all records death was due</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>fractured skull, broken legs, and crushed chest.</b> DUE TO (c) _____ 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.) <b>Car and Trailor Truck run together.</b>	
20c. TIME OF INJURY Hour <b>3:30</b> Month, Day, Year <b>Dec. 3, 58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #61</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Rural-Big Prairie-New Madrid, Mo.</b>	
20g. COUNTY <b>092</b>		20h. STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ed Hedgepeth Carones</i> (Degree or title) <b>3</b>		22b. ADDRESS <b>New Madrid, Missouri</b>	
22c. DATE SIGNED <b>Dec. 4, 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>+ Dec. 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blytheville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Blytheville, Ark.</b>
24. FUNERAL DIRECTOR <b>Richards Undertaking Co.</b> ADDRESS <b>New Madrid, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4 Dec 58</b>	26. REGISTRAR'S SIGNATURE <i>Fay Hedgepeth</i>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

JAN 5 1959

OCT 24 1962

OCT 24 1962

*P.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 *Tommy L. Doherty* .....

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

P. O. Address *New Madrid, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.