

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047775

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 3 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>New Madrid</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u> Length of stay in lb</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u></p> <p>c. CITY OR TOWN <u>New Madrid</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Matthews R</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Chester Odell Smith</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>Dec. 24 62</u></p>
<p>5. SEX <u>M.</u></p> <p>6. COLOR OR RACE <u>W</u></p> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u></p> <p>13a. FATHER'S NAME <u>John Westley Smith</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Erma Smipes</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>Lucille Smith</u></p>	<p>8. DATE OF BIRTH <u>7/14/14</u></p> <p>9. AGE (last birthday) <u>48</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Oxford Miss</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p> <p>16. SOCIAL SECURITY NO. <u>No.</u></p> <p>17. INFORMANT <u>Lucille Smith</u> Address <u>Matthews, Mo.</u> R, 1</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for terminal and (a) PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Car accident on Highway 61<sup>st</sup></u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1 mile N. of New Madrid -</u></p> <p>DUE TO (c) <u>Fractured Skull.</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car hit bridge</u></p> <p>20c. TIME OF INJURY <u>5:45</u> Hour <u>12/24/62</u> Month, Day, Year a.m. p.m.</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61<sup>st</sup></u></p> <p>20f. CITY, TOWN, OR LOCATION <u>New Madrid</u> COUNTY <u>New Madrid</u> STATE <u>Mo.</u></p> <p>21. I attended the deceased from <u>about 5:45</u> to <u>her</u> and last saw him alive on <u>the date stated above, and to the best of my knowledge; from the causes stated.</u></p> <p>22a. SIGNATURE (Degree or title) <u>L. H. Hedges, M.D. Coroner</u></p> <p>22b. ADDRESS <u>New Madrid, Mo.</u></p> <p>22c. DATE SIGNED <u>12/25/62</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>12/26/62</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Memoial Park</u></p> <p>23d. LOCATION (City, town, or county) <u>Sikeston</u> (State) <u>Mo.</u></p> <p>24. FUNERAL DIRECTOR <u>Richard Funeral Home</u> ADDRESS <u>New Madrid, Mo.</u></p> <p>25. DATE RECD. BY LOCAL REG. <u>12/25/62</u></p> <p>26. REGISTRAR'S SIGNATURE <u>Fay Hedges</u></p>

VS 300  
Rev. 4/59

0720  
20720

3  
4 0  
5 1  
6  
7 1  
8 2  
9 X  
10  
11 072  
12 91-3  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

JAN 29 1963

**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 *Leo H. Hagen*

Licensed Embalmer No. 3803

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.

*Permit Obtained 12/24/62*