

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26725A  
Registrar's No. \_\_\_\_\_

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360

1. PLACE OF DEATH a. COUNTY <u>Pemiscot New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tennessee</u> b. COUNTY <u>Dickson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Portageville</u>		c. CITY OR TOWN <u>Dickson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Portageville, Missouri</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>	b. (Middle) <u>Adell Murrell</u>	c. (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1924</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-29-1894</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dickson Co., Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Murrell</u>	13b. MOTHER'S MAIDEN NAME <u>May Moore (Murrell)</u>	14. NAME OF HUSBAND OR WIFE <u>Robert L. Stewart, husband</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NA</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Stewart</u>	ADDRESS <u>Dickson Rt #3, Tenn.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malaria fever</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NA</u>	19b. MAJOR FINDINGS OF OPERATION <u>NA</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NA</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>died at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville, Pemiscot, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>not applicable</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>not applicable</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Mayfield and Dr. Killian</u>	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-24</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-1-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955  
AUG 2

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..... Signed.....  
Signature of Student Embalmer Licensed Embalmer No.....

P. O. Address .....

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.