o. 300
o. 48

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

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16709

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5824 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural / LaFont Twp
c. LENGTH OF STAY (In this place): 9yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): near Grape Ridge School.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural / LaFont Twp 93
d. STREET ADDRESS (If rural, give location): R#1 Portageville

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Ellen
c. (Last): Harp

4. DATE OF DEATH (Month) (Day) (Year): May 16 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 1, 1877
9. AGE (In years last birthday): 71 — If under 1 year: Months 11, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Sutter
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: William D. Harp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: William D. Harp — **ADDRESS**: R#1 Portageville.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephritis — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): _____ — 593X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Uremic Poisoning. — 36 hours.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 5, 1949, *to* May 16, 1949, *that I last saw the deceased alive on* May 15, 1949, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Claude McRaven (Degree or title): MD
23b. ADDRESS: Winchester Mo
23c. DATE SIGNED: 5/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: Hood Lawn
24d. LOCATION (City, town, or county) (State): Campbell Mo

DATE REC'D BY LOCAL REG.: May 19 1949
REGISTRAR'S SIGNATURE: H. L. Pondu Deputy — 218
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: DeLite Funeral Parlor, Portageville, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1949

RECEIVED
District Health Office No. 2
District File Number 549-60
Date Filed 5-23-4

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.

Signed Joseph A. De Lisle

Signed ..... Student Embalmer

Licensed Embalmer No. 4481

P. O. Address Portageville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.