

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18303

FILED MAY 18 1949

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

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 63			
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Portageville		72 6			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) Millard b. (Middle) _____ c. (Last) Neisler			4. DATE OF DEATH (Month) (Day) (Year) Apr. 27 1949						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-17-1906		9. AGE (In years last birthday) 43	10. UNDER 1 YEAR 2	11. UNDER 10 HRS. 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) LuRay, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Marhal Neisler, dec			13b. MOTHER'S MAIDEN NAME Susan Whitley		14. NAME OF HUSBAND OR WIFE Daisy Neisler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Neisler, Wife, Portageville, Mo					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion, brain, severe. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accident * DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Fractured ribs, multiple, 1-9 right, and 3rd. on left. (SEE OVER)				INTERVAL BETWEEN ONSET AND DEATH Approx. 24- hours E 8166	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Portageville New Madrid Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 26, 1949 5:30 P.M.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident - on m.u.f.h.							
22. I hereby certify that I attended the deceased from April 26th, 1949, to April 27th, 1949, that I last saw the deceased alive on April 27th, 1949, and that death occurred at 2:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. C. Bergman, M.D.				23b. ADDRESS Kingshighway Sikeston, Missouri		23c. DATE SIGNED April 29, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Henderson, Tenn				
DATE REC'D BY LOCAL REG. May 11-49		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Delisle Funeral Parlor - Portageville Mo					

2. Fracture, severe, ascending and descending rami of pubis.
3. Fracture, severe, right femur subtrochanteric and mid third.
4. Fracture right tibia, mid third. Right tibia and fibula, distal third.
5. Hemorrhage retroperitoneal, severe, secondary to fractured pelvis.
6. Fracture of nasal bone.
7. Lacerations, multiple, left upper lip and nose.
8. Tuberculosis, old, in right lower lobe.
9. Emphysema, lung, left apex.

RECEIVED

District Health Office No. 2

District File Number 549-580

Date Filed 5-14-49

JUN 21 1949

JUN 1 1949

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
Student Embalmer

Signed Joseph A. K. Leach
Licensed Embalmer No. 1147

P. O. Address Regent St. N.W.

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