

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38067

BIRTH NO. _____		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 5829		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>New Mad</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Portage</i>		c. LENGTH OF STAY (in this place) <i>1</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Portage</i>		73	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2 1/2 miles W. of Jay Vape</i>				d. STREET ADDRESS (If rural, give location) <i>2 1/2 miles W. of Jay Vape</i>			
3. NAME OF DECEASED (Type or Print) <i>Donna Marie Allen</i>		a. (First) <i>Donna</i> b. (Middle) <i>Marie</i> c. (Last) <i>Allen</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 17 1949</i>			
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Infant</i>		8. DATE OF BIRTH <i>Aug 5 1949</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Pete Allen</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Silva</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Pete Allen</i> ADDRESS <i>Portageville Mo</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute bacterial Dysentery</i> ANTECEDENT CAUSES Morbidity 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. 048X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>Nov 17 1949 11:16 a.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>While on duty</i>			
22. I hereby certify that I attended the deceased from <i>11-16-49</i> , 1949, to <i>11-16-49</i> , 1949, that I last saw the deceased alive on <i>11-16-49</i> , 1949, and that death occurred at <i>5:00 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Harvey H. Conner M.D.</i>				23b. ADDRESS <i>Portageville, Mo</i>		23c. DATE SIGNED <i>11-19-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Nov 18, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville Mo</i>	
DATE REC'D BY LOCAL REG. <i>Nov 19, 1949</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>DeLisle Funeral Home</i> ADDRESS <i>Portageville Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1184
Date Filed NOV 21 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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____

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