

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. P. Painter
State File No. **41838**

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WED JAN 7 1950

BIRTH REG. NO.		REG. DIST. NO. <i>241</i>		PRIMARY REG. DIST. NO. <i>4360</i>		Registrar's No. <i>56</i>		
1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>				
b. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville</i>		c. LENGTH OF STAY (In this place) <i>14 months</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville, Mo.</i>		<i>72</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>				d. STREET ADDRESS (If rural, give location) <i>210 West Main</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>MINNIE</i>			b. (Middle) <i>I</i>		c. (Last) <i>DATT ERSON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 14 - 1949</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Sept 22 1869</i>	9. AGE (In years last birthday) <i>80</i>	<i>2</i> Months	<i>22</i> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <i>James Desmore</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>J. W. Patterson</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. James Julian</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic Pneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Fracture left leg</i>		<i>1 month</i>		
				DUE TO (c) <i>Hypertension</i>		<i>years?</i>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Apoplexy</i>		<i>1 mth.</i>		
19a. DATE OF OPERATION <i>Nov 49</i>		19b. MAJOR FINDINGS OF OPERATION <i>Fracture neck of left femur.</i>						
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) <i>about home</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>Portageville, New Madrid Mo.</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov 1949 m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fall while in front of house</i>				
22. I hereby certify that I attended the deceased from <i>10 Dec</i> , 19 <i>49</i> , to <i>14 Dec</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>13 Dec</i> , 19 <i>49</i> , and that death occurred at <i>8</i> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>L. B. Painter Jr. M.D.</i>				23b. ADDRESS <i>Portageville, Mo.</i>		23c. DATE SIGNED <i>16 Dec 49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-16-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ever Green Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>New Madrid MO.</i>		
DATE REC'D BY LOCAL REG. <i>Dec 16, 1949</i>		REGISTRAR'S SIGNATURE <i>Ellen DeLesle</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>La Forge and Co.</i>				

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

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RECEIVED

District Health Office No. 2,

District File Number 180-8

Date Filed _____

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 Noel C Deane

Signed _____
Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.