

No. 300
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FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43897

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>5828</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY OR TOWN <u>Le Secur</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Le Secur Township</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u> <u>720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u>			b. (Middle) <u>SUMMERS</u>			c. (Last) <u>SUMMERS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-23-49</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED-2</u>	
8. DATE OF BIRTH <u>Aug 15-1883</u>		9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	
11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>PETE B LACKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
14. NAME OF HUSBAND OR WIFE <u>No.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Likes, Pleasant</u>	
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) <u>Cerebral Apoplexy</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.				INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>	
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)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 14, 1949</u> to _____, 19____, that I last saw the deceased alive on <u>Dec. 14, 1949</u> , and that death occurred at <u>11 P. M.</u> m, from the causes and on the date stated above.							
23a. SIGNATURE <u>Salatto</u>		(Degree or title) <u>D.O.2</u>		23b. ADDRESS <u>Portageville, Mo</u>		23c. DATE SIGNED <u>12-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Massena</u>		24d. LOCATION (City, town, or county) (State) <u>Pt Pleasant, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-50</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richardson Undert Co</u>		ADDRESS <u>New Madrid</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN
District Health Office
District File Number 15
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 L. H. Hedy with

Signed _____
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

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.