

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Portageville</u>		c. CITY OR TOWN <u>Portageville</u> <u>0721</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>408 Warren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Nora</u> b. (Middle) <u>Mary</u> c. (Last) <u>Lann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 11, 1950</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Portageville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Denver Lann</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Imogene Eslick</u>	
14. NAME OF HUSBAND OR WIFE <u>Denver Lann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Denver Lann</u>		ADDRESS <u>Portageville, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bactera - Enteritis</u>			INTERVAL BETWEEN ONSET AND DEATH  <u>5710</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. <u>Intestinal parasite</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Portageville New Madrid Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>e</u>	
22. I hereby certify that I attended the deceased from <u>Feb 6</u> , 19 <u>51</u> , to <u>Feb 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>51</u> , and that death occurred at <u>9:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. T. O'Kelley M.D.</u>		23b. ADDRESS <u>110 W 5th Portageville, Mo</u>	23c. DATE SIGNED <u>2/10/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 11, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Ellen De Leche</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeLisle Funeral Parlor - Portageville, Mo</u>	

No. 300  
10.48  
0721  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Herbert J. Gan Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4800*

P. O. Address *Postageville, 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.