

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 427

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. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>PORTAGEVILLE 0721</u>	d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SUSIE</u>	b. (Middle)	c. (Last) <u>NELSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 5 - 1951</u>
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5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 9 - 1888</u>	9. AGE (In years) (last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	11. UNDER 1 MIN. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HENRY MORGIN</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA MINNER.</u>	14. NAME OF HUSBAND OR WIFE <u>TAK NELSON.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tak Nelson, Portageville,</u>	ADDRESS <u>Portageville,</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis latent, late</u>		<u>years</u>
	DUE TO (c) <u>Cerebral Hemorrhage</u>		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Syphilitic Aortitis & aneurysm</u>		<u>years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>023X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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)	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 1949, 19 , to July 5, 1951, that I last saw the deceased alive on 3 July, 1951, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>John D. ...</u>	23b. ADDRESS <u>Portageville Mo</u>	23c. DATE SIGNED <u>7-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 8 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Pit Pleasant Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 20, 1951</u>	REGISTRAR'S SIGNATURE <u>Ellen DeLude</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards & ...</u>	ADDRESS <u>New Madrid</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

121

RECEIVED

AUG 9 1951

DISTRICT HEALTH OFFICE No. 3

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

L. S. Hedgcock

Signed.....
Student Embalmer

Licensed Embalmer No. 3805

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.