

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40390

State File No. ....

FILED DEC 8 1951

BIRTH NO. .... REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1003</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, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>6 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> <u>0721</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>—</u> c. (Last) <u>Partee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 30 - 1951</u>			
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> <u>0</u>	8. DATE OF BIRTH <u>7-1-1950</u>	9. AGE (In years last birthday) <u>1</u> year <u>5</u> mo's	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Portageville, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>Elzie Partee</u>		13b. MOTHER'S MAIDEN NAME <u>Alene Young</u>		14. NAME OF HUSBAND OR WIFE <u>—</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>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elzie Partee - Portageville, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable diphtheria</u>  DUE TO (c) <u>—</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>—</u>				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) <u>Portageville Missouri</u>	20.55X			
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 <u>—</u>				
22. I hereby certify that I attended the deceased from <u>11-29, 1951</u> , to <u>11-30, 1951</u> that I last saw the deceased alive on <u>11-30, 1951</u> , and that death occurred at <u>6:10 A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>E. D. Wilson M.D.</u>		23b. ADDRESS <u>215 North Stoddard Sikeston Mo</u>		23c. DATE SIGNED <u>11-30-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-30-51</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>11-30-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>—</u>	ADDRESS <u>Portageville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 3 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1251-25

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**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.

Student .....  
Student Embalmer

Signed

*Charles Porter Tether*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address

*Portageville 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.