S. No. 300
EV. 10.48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9219

State File No.

0721

BIRTH NO. REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portageville
d. STREET ADDRESS (If rural, give location) 0721 0

3. NAME OF DECEASED (Type or Print) a. (First) Clem b. (Middle) Galloway c. (Last) Durbin
4. DATE OF DEATH (Month) April (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) separated
8. DATE OF BIRTH March 3 1871
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 1 Days 2 IF UNDER 1 DAY Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) New Madrid Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Joe Mansonville
13b. MOTHER'S MAIDEN NAME Mallie ?
14. NAME OF HUSBAND OR WIFE Elm Durbin
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 Henry Cunningham ADDRESS Portageville Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension, seven — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443 X
20. AUTOPSY? YES ☐ NO ☑
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) Portageville (COUNTY) New Madrid (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* April, 1952, *that I last saw the deceased alive on* 2 April, 1952, *and that death occurred at* 1:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE H. H. Painter Jr. M.D. (Degree or title)
23b. ADDRESS Portageville Mo.
23c. DATE SIGNED 4-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 8, 1952
24c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery
24d. LOCATION (City, town, or county) Portageville (State) Mo
DATE REC'D BY LOCAL REG. 4-5-52
REGISTRAR'S SIGNATURE Ellen De Lisle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeLisle Funeral Parlor - Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4481

P. O. Address Springfield 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.