

FILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17328

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>New Madrid</i>	
b. CITY OR TOWN <i>Portageville</i>		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN <i>Portageville</i>		d. STREET ADDRESS (If rural, give location) <i>304 W-6th St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>304 W-6th St</i>		e. STREET ADDRESS (If rural, give location) <i>304 W-6th St</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ida</i> b. (Middle) _____ c. (Last) <i>Vance</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May-6-1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>1877 Dec. 10 1877</i>
9. AGE (In years last birthday) <i>74</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <i>Obion, Tenn</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Tom Rogers</i>	

13b. MOTHER'S MAIDEN NAME <i>Mattie Mitchell</i>		14. NAME OF HUSBAND OR WIFE <i>J.C. Vance</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mattie Horne - Portageville, Mo</i>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>No. Medical attendants</i> DUE TO (c) <i>By all records death was due to acute</i>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>was due to acute</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Myocarditis 431X</i>	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) <i>Portageville, New Mad. MO</i>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>R.S. Hudgins</i> ³ <i>Coroner</i>	(Degree or title)	23b. ADDRESS <i>New Madrid, Mo</i>	23c. DATE SIGNED <i>May 10-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 9, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Portageville, MO</i>

DATE REC'D BY LOCAL REG. <i>May 13, 1952</i>	REGISTRAR'S SIGNATURE <i>Ellen De Lisle</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>DeLisle Funeral Parlor - Portageville MO</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Joseph A. LeFevre

Licensed Embalmer No. 4481

P. O. Address Rockyville, 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.