

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32360

State File No. ....

D SEP 23 1952

|                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                        |  |
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| BIRTH NO. ....                                                                                                                                                                                                                |  | REG. DIST. NO. <u>241</u>                                                                                                                                                                                                    |  | PRIMARY REG. DIST. NO. <u>4360</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Registrar's No. <u>26</u>                                                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>                                                                                                                                                                              |  |                                                                                                                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>                                                                                                                                                                                                                                                                                                                               |  |                                                                                                        |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>                                                                                                                              |  | c. LENGTH OF STAY (In this place) .....                                                                                                                                                                                      |  | 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>0</u>                                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION .....                                                                                                                                                                                 |  |                                                                                                                                                                                                                              |  | d. STREET ADDRESS (If rural, give location) <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                        |  | a. (First) <u>Jesse</u>                                                                                                                                                                                                      |  | b. (Middle) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | c. (Last) <u>Hill</u>                                                                                  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 5, 1952</u>                                                                                                                                                               |  | 5. SEX <u>Male</u>                                                                                                                                                                                                           |  | 6. COLOR OR RACE <u>Black</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>                                   |  |
| 8. DATE OF BIRTH <u>Aug 7, 1952</u>                                                                                                                                                                                           |  | 9. AGE (In years last birthday) <u>28</u>                                                                                                                                                                                    |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>                                                                                                                                                                                                                                                                                                                                                               |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 13b. MOTHER'S MAIDEN NAME <u>Chelsie Hill</u>                                                          |  |
| 14. NAME OF HUSBAND OR WIFE .....                                                                                                                                                                                             |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>                                                                                                            |  | 16. SOCIAL SECURITY NO. <u>✓</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Chelsie Hill</u> ADDRESS <u>Portageville, Mo</u>                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>home, cause of fire</u><br>DUE TO (c) <u>Unknown</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>E 9160 16</u> |  |                                                                                                        |  |
| 19a. DATE OF OPERATION .....                                                                                                                                                                                                  |  | 19b. MAJOR FINDINGS OF OPERATION .....                                                                                                                                                                                       |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |  | 21a. ACCIDENT (Specify) <u>SUICIDE</u>                                                                 |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) .....                                                                                                                                |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>072</u>                                                                                                                                                                   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) .....                                                                                                                                                                                                                                                                                                                                                                                                           |  | 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 <u>L. S. Hedgworth</u> (Degree or title) <u>Coroner</u>                                                                                                                                                                                                                                                                                                                                                                                                 |  | 23b. ADDRESS <u>New Madrid, Mo</u>                                                                     |  |
| 23c. DATE SIGNED <u>Sept 10 52</u>                                                                                                                                                                                            |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                      |  | 24b. DATE <u>Sept 5, 1952</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Colored Cem.</u>                                                 |  |
| 24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>                                                                                                                                                         |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLuster Funeral Parlor</u> ADDRESS <u>Portageville, Mo</u>                                                                                                                              |  | DATE REC'D BY LOCAL REG. <u>9-10-52</u>                                                                                                                                                                                                                                                                                                                                                                                                                                |  | REGISTRAR'S SIGNATURE <u>Ellen DeLuster</u> <u>219</u>                                                 |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0721

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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.