S. No. 300
v. 10.48

FILED SEP 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32443

BIRTH NO. 62540 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 133

781
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayti
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) Pemiscot Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayti 6781
d. STREET ADDRESS (If rural, give location) 6

3. NAME OF DECEASED (Type or Print) a. (First) Malissa b. (Middle) Sue c. (Last) Townsend

4. DATE OF DEATH (Month) Sept (Day) 14 (Year) 1952

5. SEX F 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant U
8. DATE OF BIRTH Sept. 14, 1952
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Hayti Mo U
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Muchel Townsend
13b. MOTHER'S MAIDEN NAME Mildred Ray
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) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Muchel Townsend - Portageville Mo ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH 13 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arrest of head under Syphilis Pubis during
DUE TO (c) Process [illegible]

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 7610
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) (COUNTY) (STATE)

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* 9-14, 1952, *to* 9-14, 1952, *that I last saw the deceased alive on* 9-14, 1952, *and that death occurred at* 3:43 *m., from the causes and on the date stated above.*

23a. SIGNATURE John J Killion U (Degree or title) MD
23b. ADDRESS Portageville Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U
24b. DATE Sept. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.
24d. LOCATION (City, town, or county) Portageville, Mo (State)

DATE REC'D BY LOCAL REG. 9-23-52
REGISTRAR'S SIGNATURE John W. German 406 U
25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor - Portageville Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

9-284-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 25 1952

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.