S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44673

State File No. .....

FILED JAN 30 1953

BIRTH NO. ..... REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 1

0721
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) LIFE
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 MISSOURI
b. COUNTY New MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PORTAGEVILLE 0721
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) Moses
c. (Last) BLACK

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1952

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH SEPT 5 - 1890
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months 3 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY LIFE INSURANCE
11. BIRTHPLACE (State or foreign country) PORTAGEVILLE Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert BLACK
13b. MOTHER'S MAIDEN NAME Emma Hurley
14. NAME OF ~~HUSBAND OR~~ WIFE Emma Masters Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/C (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME George Black — **ADDRESS** Portageville Mo

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) ..... INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Fatty Degeneration of Heart — 2 Yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4220

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Dec, 1952 *to* Dec 29, 1952; *that I last saw the deceased alive on* Dec 28, 1952, *and that death occurred at* 6 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. Gullett MD
23b. ADDRESS Wardell Mo
23c. DATE SIGNED 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Portageville
24d. LOCATION (City, town, or county) Portageville Mo (State)

DATE REC'D BY LOCAL REG. 1-23-53
REGISTRAR'S SIGNATURE Ellen DeLisle 219
25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor — **ADDRESS** Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 4481 Mo

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.