.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2318

BIRTH NO. 87114 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 3

5720
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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) Rural Portage
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 Pinscott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 6 Miles South of Oregon
d. STREET ADDRESS (If rural, give location) Portageville. 1

3. NAME OF DECEASED (Type or Print) a. (First) Dale b. (Middle) c. (Last) Wood.

4. DATE OF DEATH (Month) (Day) (Year) 1/23/53

5. SEX M. O

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. U

8. DATE OF BIRTH DEC-12-1952

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

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 C. B. Wood.

13b. MOTHER'S MAIDEN NAME Bulah Greer

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 C. B. Wood - Star Route, Hayti, 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) Cause of Death.

ANTECEDENT CAUSES

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

DUE TO (b) Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 7955

INTERVAL BETWEEN ONSET AND DEATH

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* ✓, 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 Leo Hudspeth 3 Coroner (Degree or title)

23b. ADDRESS New Madrid Mo

23c. DATE SIGNED 1/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 25, 1953

24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.

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 - Portageville Mo ADDRESS

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 4481

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.