No. 300
10.48

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

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FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15074

BIRTH NO. 23222 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 18

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):
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): WAYNE
b. (Middle): T.
c. (Last): McGARY

4. DATE OF DEATH (Month) (Day) (Year): APRIL 9 1953

5. SEX: Male
6. COLOR OR RACE: ~~WHITE~~ NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT 0
8. DATE OF BIRTH: APRIL 7, 1953
9. AGE (In years last birthday): If under 1 year: Months; Days 2; If under 1 hr.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (City and State or Foreign Country): PORTAGEVILLE MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: LORENE McGARY
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: THOMAS McGARY
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) Cerebral Hemorrhage — Interval between onset and death: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolonged Labor — 8 days
DUE TO (c) —

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): Portageville, New Madrid, Mo
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* 7 April, 1953, *to* 9 April, 1953, *that I last saw the deceased alive on* 9 April, 1953, *and that death occurred at* 10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 0
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 15 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 4/9/53
24c. NAME OF CEMETERY OR CREMATORY: Mason Cemetery
24d. LOCATION (City, town, or county) (State): Point Pleasant Mo

DATE REC'D BY LOCAL REG.: Apr 21, 1953
REGISTRAR'S SIGNATURE: Ellen DeLude
25. FUNERAL DIRECTOR'S SIGNATURE: Family
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.....

Not Embalmed ..... Student Embalmer No. .....

working under my personal supervision.

Student ..... 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.