

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15077

State File No.

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4359 Registrar's No. 15

470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Port Pleasant</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Port Pleasant 0720</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Pecloa</u>	b. (Middle) _____	c. (Last) <u>Andrew</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 25, 1914</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale, Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Barnes</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Lee (dout Lew)</u>	14. NAME OF HUSBAND OR WIFE <u>Lester Andrew</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Andrew</u>	ADDRESS <u>Route Portageville</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of UTERUS + Adenda.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> 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 <u>174X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-14-53, to 4-4-53, that I last saw the deceased alive on 4-4-53, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>James O. Cameron</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Box 158 Meraton Mo.</u>	22c. DATE SIGNED <u>4-11-53</u>
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22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>4-12-53</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Portageville Colored Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-13-1953</u>	REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor</u>	ADDRESS <u>Portageville Mo</u>
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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. DeLoach

Licensed Embalmer No. *7481*

P. O. Address *Fortageville 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.