

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32484

State File No. ....

BIRTH NO. FILED SEP 21 1953 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Coahoma</u>	
b. CITY OR TOWN <u>Pont Pleasant</u>		c. CITY OR TOWN <u>Free Point</u>	
c. LENGTH OF STAY (In this place) <u>2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>230 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bessie</u>	b. (Middle) <u>MAR</u>	c. (Last) <u>ANDREWS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 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>Infant</u>	8. DATE OF BIRTH <u>May 1, 1953</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>4 12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FRIAR POINT, MISS</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>J. T. Andrews</u>	13b. MOTHER'S MAIDEN NAME <u>Ophelia Lindsey</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>J. T. Andrews</u> ADDRESS <u>Portageville, Mo</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No Medical Attendant</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>an all round death</u> DUE TO (c) <u>due to suffocation from cancer</u>		
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>9240-18</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) <u>072</u>
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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 \_\_\_\_\_, 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 <u>Caron M. New Madrid, Mo</u> (Degree or title)	23b. ADDRESS <u>Portageville, Mo</u>	23c. DATE SIGNED <u>Sept 15 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Colored</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 16, 1953</u>	REGISTRAR'S SIGNATURE <u>Ellen R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>... Funeral Parlor</u> ADDRESS <u>Portageville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

*(Not Embalmed)*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

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.