

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43713**

0720
1

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

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>5829</u>		Registrar's No. <u>41</u>	
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>Shaw</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Portage</u>		c. LENGTH OF STAY (In this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shaw</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8230</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Birdno</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 11, 1922</u>	
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Risco Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>chef</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		13a. FATHER'S NAME <u>Earl Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lark Birdno</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lark Birdno</u>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>No. Medical Attendant.</u>				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>No. Medical Attendant.</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>By road death was</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Due to acute myocarditis</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>4-31 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Leo Hedgepeth</u>				23b. ADDRESS (Degree or title) <u>Coroner New Madrid Mo.</u>		23c. DATE SIGNED <u>Jan 4-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-4-54</u>		REGISTRAR'S SIGNATURE <u>Ellen De Luler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLuxe Funeral Parlor</u>		ADDRESS <u>Portageville Mo</u>	

(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. Stogard

Licensed Embalmer No. 4481

P. O. Address Patagonville 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.