

Dr. Shiny

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> lb. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		c. CITY OR TOWN <u>Portageville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>300 W. 1st St. 072/0</u>	

3. NAME OF DECEASED (Type or Print)	(First) <u>Dezire</u>	(Middle) <u>Marie</u>	(Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 18, 1954</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>May 13, 1881</u>	9. AGE (to years, last birthday) (Months) (Days) (Hours) (Min.)
				<u>73 0 5</u>

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 <u>Housework</u>	11. BIRTHPLACE (City and State of Foreign Country) <u>Indiana</u>	12. COUNTRY OF WHAT CONSENT <u>USA</u>
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13a. FATHER'S NAME <u>David Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Harris</u>	14. NAME OF HUSBAND OR WIFE <u>B. Mac White</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>B. Mac White</u>	ADDRESS <u>300 W. 1st St. 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>Coro-renal disease</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>neghritis</u>		<u>2 yrs.</u>
DUE TO (c) <u>Hypertension</u>		<u>2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia - secondary</u>		<u>2 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-1-, 1952, to 5-18-, 1954, that I last saw the deceased alive on 5-6-, 1954, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Shiny</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hayti, Mo.</u>	23c. DATE SIGNED <u>5-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-31-54</u>	REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>	219	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	ADDRESS <u>Hayti, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Raymond L. Duffie*.....

Licensed Embalmer No... *479*.....

P. O. Address *Haiti*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.