

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23783**

| | | | | | | | |
|---|----------------------------------|---|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>241</u> | | PRIMARY REG. DIST. NO. <u>4360</u> | | Registrar's No. <u>16</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>Ky</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | | c. CITY OR TOWN <u>Arlington</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) <u>816-8</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolly</u> b. (Middle) <u>Hogan</u> c. (Last) <u>Selma</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u> | 8. DATE OF BIRTH <u>Apr. 27, 1896</u> | | 9. AGE (In years last birthday) <u>58</u> | if under 1 year Months <u>2</u> | if under 6 hrs. Days <u>17</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 _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wickliffe, Ky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>William Hogan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Edne Frances Hammett</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frederick Joseph Selma</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <u>405-09-2603</u> | | 17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Edna Willey - Portageville, Mo</u> | | | |
| 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) <u>Acute cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extreme temperatures with high humidity</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>2 years</u> <u>1 week</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>443 X F</u> | |
| 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) _____ | |
| 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 <u>3-2-1954</u> , to <u>7-14-1954</u> , that I last saw the deceased alive on <u>7-12-1954</u> , and that death occurred at <u>6:10 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>James O. Cameron D.O.</u> | | | | 23b. ADDRESS <u>Marston - Mo</u> | | 23c. DATE SIGNED <u>7-15-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>7-16-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Arlington Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Arlington Ky</u> | | |
| DATE REC'D BY LOCAL REG. <u>7-16-54</u> | | REGISTRAR'S SIGNATURE <u>Ellen De Lule</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>De Lule Funeral Parlor - Portageville, Mo</u> | | ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph A. DeLuz*.....
Licensed Embalmer No. *440*

P. O. Address *Portageville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.