

FILED SEP 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28364

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 5824 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - LaFont Sup</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Rural</i>	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) <i>LaFont 0720</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Marcel</i> b. (Middle) <i>Reed</i> c. (Last) <i>Reed</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 15, 1954</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Unknown</i>	9. AGE (in years last birthday) Months Days <i>Unknown</i>	10. IF UNDER 14 YEARS OF AGE, Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Don't know</i>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <i>Don't know</i>		13b. MOTHER'S MAIDEN NAME <i>Don't know</i>		14. NAME OF HUSBAND OR WIFE <i>Don't know</i>	
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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) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Susan Clark - R#1 Portageville</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>No. Medical attendant</i>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>long and recent death was</i>				
		DUE TO (c) <i>due to senility</i>				
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 <i>794 X</i>		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) m.		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 *Aug 12, 1954*, 19*54*, to *Aug 15, 1954*, 19*54*, that I last saw the deceased alive on *Aug 12, 1954*, 19*54*, and that death occurred at *7:00* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. Rudolph Croner</i>		23b. ADDRESS <i>New Madrid Mo</i>		23c. DATE SIGNED <i>Aug. 17. 54</i>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <i>Aug 17, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Colored Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville Mo</i>	
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DATE REC'D BY LOCAL REG. <i>Aug 19, 1954</i>		REGISTRAR'S SIGNATURE <i>F. L. Bondar Deputy</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>DeLisle Funeral Parlor - Portageville</i>	
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph A. De Lisle*.....

Licensed Embalmer No. *4481*

P. O. Address *Portage, Wisc.*

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.