

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37654**

| | | | | | | | |
|--|-------------------------------|--|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>3049</u> | | Registrar's No. <u>7</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lemercat</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harts</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Portageville</u> | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Memorial Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>710 Baker</u> <u>D 171</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Ann</u> c. (Last) <u>Key</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13 1955</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 14, 1883</u> | | 9. AGE (In years last birthday) <u>72</u> | 10. UNDER 1 YEAR Months <u>5</u> Days <u>29</u> | 11. UNDER 24 HRS. Hours <u></u> Min. <u></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>Arkansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Amos A. Duncan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Archie Key</u> | | | |
| 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 <u>Archie Key - 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Ca to Brain,</u> DUE TO (c) <u>Lung, pleura, ribs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown.</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (Min.) | | 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>10-13</u> , 19 <u>55</u> , to <u>11-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harry Price M.D.</u> | | | | 23b. ADDRESS <u>Harts, Mo.</u> | | 23c. DATE SIGNED <u>11-16-55</u> | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | | 24b. DATE <u>Nov 16, 1955</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>11-21-55</u> | | REGISTRAR'S SIGNATURE <u>John St. German</u> <u>4016</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Hubert Funeral Parlor - Portageville, Mo</u> | | | |

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

11-341-55

NOV 28 1955

REMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 1 1955

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.....
Licensed Embalmer No. 44
P. O. Address Patagonia

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.