

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14096

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4360</u>		Registrar's No. <u>9</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>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. LENGTH OF STAY (In this place) <u>82 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		d. STREET ADDRESS (If rural, give location) <u>310 W. 1st. Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 W. 1st. Street</u>				d. STREET ADDRESS (If rural, give location) <u>310 W. 1st. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Ward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 16, 1873</u>	
9. AGE (In years last birthday) <u>82</u>		10. 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Crevoisier</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Pike</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Ward 310 W. 1st. Street, Portageville, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident 6 mos.</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u> <u>8 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>22 Dec</u> , 19 <u>55</u> , to <u>26 April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>26 April</u> , 19 <u>56</u> and that death occurred at <u>5:05 P</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>H.S. Smith M.D.</u> (Describe or title)				22b. ADDRESS <u>Portageville, Mo. 249-56</u>			
23a. SIGNATURE _____		23b. ADDRESS _____		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home C'ville. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8 1956  
NEW MADRID COUNTY HEALTH CENTER  
NEW MADRID, MISSOURI  
DATE RECEIVED MAY 8 1956  
NEW MADRID CO. HEALTH CENTER

A. J. L.

**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

W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Canthensville, 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.