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FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17210

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Remus</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 OR TOWN <u>Hayti</u>	c. LENGTH OF STAY (in this place) <u>18da</u>	c. CITY OR TOWN <u>Portageville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Rte.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mable</u>	b. (Middle) <u>Lucille</u>	c. (Last) <u>Kellam</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</u>
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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>June 22 1909</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 4 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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Remus Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Ambrose Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Ido</u>	14. NAME OF HUSBAND OR WIFE <u>Thallace Kellam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Thallace Kellam</u>	ADDRESS <u>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, ashenia, 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>myocardial infarction</u>		<u>7 10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>7</u>	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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from 30 April 1956, to 18 May 1956, that I last saw the deceased alive on 18 May 1956, and that death occurred at 5:45 m., from the cause and on the date stated above.

23a. SIGNATURE <u>J.S. Smith M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Portageville, Mo.</u>	23c. DATE SIGNED <u>18 May</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20 1956</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>5-24-56</u>	REGISTRAR'S SIGNATURE <u>John St German</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeWise Funeral Parlor</u>	ADDRESS <u>Portageville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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6-150-56

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JUN 1 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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. 428
P. O. Address.....

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.