FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2190

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Portageville Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lula Middle Belle Last Ferry
4. DATE OF DEATH Month Jan. Day 29 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar. 2, 1878
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) Williamsville, Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George W. Ash
14. MOTHER'S MAIDEN NAME Laura Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Ferry Address Portageville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 1957 and last saw her/him alive on 29 Jan 57
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. S. Smith (Degree or title) M.D.
22b. ADDRESS Portageville, Mo.
22c. DATE SIGNED 1 Feb 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 31, 1957
23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery
23d. LOCATION (City, town, or county) (State) Portageville, Mo.

24. FUNERAL DIRECTOR ADDRESS Deisle Funeral Parlor Portageville, Mo.
25. DATE RECD. BY LOCAL REG. 2-5-57
26. REGISTRAR'S SIGNATURE John W Herman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in the symptoms, diseases, injuries, etc. in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

2-46-57

FEB 13 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 44

P. O. Address Portageville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.