

Health,
Welfare
Public
Service

300
0-56

Secretary, coroner, etc., must use only standard nomenclature in their reports. NO symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 01 80 14
STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 12

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, give TOWNSHIP only) <u>Portageville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Portageville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Aleck Kirby</u>				First	Middle	Last	4. DATE OF DEATH <u>May 6 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Unk. 1861</u>	9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Martha Kirby, Portageville, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Artemia - Septic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Nephritis - Chronic</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>592X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 months 7 days 5 years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>2-7-53</u> to <u>5-6-57</u> and last saw <u>him</u> alive on <u>5-6-57</u> Death occurred at <u>3:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>James O. Cannon M.D.</u>				22b. ADDRESS <u>Portageville Mo</u>		22c. DATE SIGNED <u>5-9-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-7-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		23d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>			
24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Ellen BeLisle Milam</u>			

DATE RECEIVED MAY 16 1957
NEW MADRID CO. HEALTH CENTER

P. 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 Harold J. Ponder, Student Embalmer No. 333
working under my personal supervision..

Student Harold J. Ponder
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 333

P. O. Address Tilbourn

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.