

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018110
STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Missouri</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Spain</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>0780</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) <i>400 N. 1st St. of H. 0780</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>MATTHE</i> Middle <i>MAY</i> Last <i>KNIGHT</i>				4. DATE OF DEATH Month <i>April</i> Day <i>17</i> Year <i>1957</i>				
5. SEX <i>7</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Sept. 29-1989</i>		9. AGE (In years last birthday) <i>67</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) <i>Polk County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Casper Moorhead</i>				14. MOTHER'S MAIDEN NAME <i>Alice Deasant</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or no) (If yes, give war or dates of service) <i>not</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs. Tommy Bell</i> Address <i>High A #1</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute cardiac dilatation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>ventricular tachycardia</i> DUE TO (c) <i>degenerative cardiovascular</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>4221</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>2 days</i> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 _____ a. m. _____ p. m. Month, Day, Year _____								
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 <i>Aug 1955</i> to <i>17 April 57</i> and I am now the <i>sole</i> informant. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. D. Smith</i>				22b. ADDRESS <i>Portageville, Mo.</i>		22c. DATE SIGNED <i>23 April</i>		
23a. BURIAL, CREMATION, OR ROYAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>		23d. LOCATION (City, town, or county) <i>Portageville, Mo.</i>		(State)	
24. GENERAL DIRECTOR <i>W. C. Deane</i>			ADDRESS <i>Constitutional Bldg 4-2457</i>		25. DATE RECD. BY LOCAL REG <i>4-24-57</i>		26. REGISTRAR'S SIGNATURE <i>John W. Gorman</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. 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

300
1-56

5-138-57

MAY 29 1957

JUN 4 1957

OCT 25 1957

PERMASCOT 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 em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Noel C Sean*.....

Licensed Embalmer No. *398*

P. O. Address *Caruthersville, Mo*

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.