

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41346

State File No.

FILED NOV 21 1957

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 197

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|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GODAIR TWP.</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>PORTAGEVILLE</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>ROUTE # 2</u> | |

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|-------------------------------------|-------------------------|-------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DAISY</u> | b. (Middle) | c. (Last) <u>DEERE</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>OCT. 21, 1957</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>OCT. 30, 1890</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>SCHOOT HILL, TENNESSEE</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>BELL TOOD</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY ROGER</u> | 14. NAME OF HUSBAND OR WIFE <u>SYLVESTER DEERE</u> |
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| 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'S SIGNATURE OR NAME ADDRESS <u>MRS. TALMADGE BURGESS 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, asphyxia, 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>Pulmonary Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> DUE TO (c) <u>002X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
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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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 1953, to Oct, 1957, that I last saw the deceased alive on Oct 20, 1957; and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. B. Hunter Jr. M.D.</u> (Degree or title) | 23b. ADDRESS <u>Portageville, Mo</u> | 23c. DATE SIGNED <u>11-1-57</u> |
|---|--------------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>OCT 22, 1957</u> | 24c. NAME OF CEMETERY OR CREMATOR <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>11-6-57</u> | REGISTRAR'S SIGNATURE <u>John W. German</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

406

11-333-57

NOV 19 1957

NOV 21 1957

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.....
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.