

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45163

STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 241 Primary Registration District No. 7360 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY NEW MADRID			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE		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 type="checkbox"/>
3. NAME OF DECEASED (Type or print) LARRY			4. DATE OF DEATH DECEMBER 13, 1957		
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER 2, 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) PORTAGEVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME MERLIN THOMAS			14. MOTHER'S MAIDEN NAME BERNEICE REED		
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 Address MERLIN THOMAS PORTAGEVILLE, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) prematurity					INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) ur					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					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 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 3 Dec 57 to 10 Dec 57 and last saw him live on 10 Dec 57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. D. Smith M.D. (Degree or title)			22b. ADDRESS Portageville, Mo.		22c. DATE SIGNED 14 Dec 57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 14, 1957	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED CEMETERY	23d. LOCATION (City, town, or county) PORTAGEVILLE, MISSOURI		(State)
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. Dec. 14, 1957	26. REGISTRAR'S SIGNATURE Ellen Redfield	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be causally related. Coroner need not certify to a death due to natural causes. All symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

180

DATE RECEIVED DEC 17 1957
NEW MADRID CO. HEALTH CENTER
P. G. 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, Student Embalmer No. working under my personal supervision..

Student..... Signature of Student Embalmer..... Signed.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.