

Health,
Welfare
& Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-151082
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 12

300
1-57
720
3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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>Portage Twp.</u>		c. CITY OR TOWN <u>Portageville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>David</u> Last <u>Ezell</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 16, 1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9c. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	10c. IF UNDER 1 YEAR Months <u>55</u> Days <u>3</u>
11. BIRTHPLACE (City and state or country) <u>Portageville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Zoamil Ezell</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Bearden</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Ezell</u>
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 <u>Myrtle Wyatt</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>Asphyxiation</u> <u>Strangulation</u> Conditions, if any, which gave rise to above cause. (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> <u>Instantaneous</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Tractor accident - Patient's neck wedged between</u>		
20c. TIME OF INJURY <u>9:15 a.m.</u>	<u>4/12/58</u> <u>lever pole & tractor wheel.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Field near home</u>	20f. CITY, TOWN, OR LOCATION <u>near Portageville</u>	20g. COUNTY <u>072</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:15</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		20h. STATE <u>New Madrid Mo.</u>	
22a. SIGNATURE (Degree or title) <u>James H. Grable, M.D.</u>		22b. ADDRESS <u>Portageville, Mo.</u>	22c. DATE SIGNED <u>4-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 14, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>
24. FUNERAL DIRECTOR <u>DeLisle Funeral Parlor</u>		25. DATE RECD. BY LOCAL REG. <u>4/15/58</u>	26. REGISTRAR'S SIGNATURE <u>Ellen DeLisle Miles</u>

DATE RECEIVED APR 22 1958
NEW MADRID CO. HEALTH CENTER
E-S.

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 Joseph A. DeFisher

Licensed Embalmer No. 4481

P. O. Address: Portageville, Mo.

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.