

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044999

STATE FILE NUMBER

93382-58
FILED DEC 22 1958

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 32

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) OR TOWN <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) <u>ROUTE # 3</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>WAYNE</u> Last <u>ARCHEY</u>		4. DATE OF DEATH <u>Nov. 26, 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Nov. 24, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		11. BIRTHPLACE (City and state or country) <u>PORTAGEVILLE Mo.</u>	
13a. FATHER'S NAME <u>LAWRENCE C. ARCHEY</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA McABEE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		17. INFORMANT <u>LAWRENCE ARCHEY</u> Address <u>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>Icterus Neonatorum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7620</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov 24-58</u> to <u>Nov 26-58</u> and last saw her alive on <u>Nov 26-1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O.B. Chandler MD</u>		22b. ADDRESS <u>New Madrid Mo</u>	
22c. DATE SIGNED <u>12/1/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Nov. 27, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE, Mo.</u>	
24. FUNERAL DIRECTOR <u>DELISLE FUNERAL PARLOR</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>Ellen R. Grier</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.

0.4.8.