ealth, Welfare ublic ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002223
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Portageville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 113 Huffman — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: New Madrid
c. CITY OR TOWN: Portageville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 113 Huffman — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jesse Middle: Paul Last: DeLisle

4. DATE OF DEATH: Month: Feb. Day: 6 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 6 1891

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper **10b. KIND OF BUSINESS OR INDUSTRY**: Gin **11. BIRTHPLACE** (City and state or country): Point Pleasant, Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Jesse J. DeLisle **13b. MOTHER'S MAIDEN NAME**: Anna Le Sieur **14. NAME OF HUSBAND OR WIFE**: Grace DeLisle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI **16. SOCIAL SECURITY NO.**: 495-14-1440 **17. INFORMANT**: Grace DeLisle Address: Portageville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
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): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

All diseases in Part I must be causally related.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 2:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James D. Grable, M.D. **22b. ADDRESS**: Portageville, Mo **22c. DATE SIGNED**: 2/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Feb. 9, 1959 **23c. NAME OF CEMETERY OR CREMATORY**: Portageville Cemetery **23d. LOCATION** (City, town, or county) (State): Portageville, Mo.

24. FUNERAL DIRECTOR: DeLisle Funeral Parlor **ADDRESS**: Portageville Mo. **25. DATE RECD. BY LOCAL REG.**: Feb 7, 1959 **26. REGISTRAR'S SIGNATURE**: Eileen DeLisle Wilson

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1959

VS MAR 18 1959

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. [illegible]

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE, M[illegible]

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.