

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006472

STATE FILE NUMBER

Registration District No. <u>241</u>		Primary Registration District No. <u>4360</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH					
a. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Portageville</u>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION					
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
c. CITY OR TOWN <u>Portageville</u>					
d. STREET ADDRESS (If outside, give location)					
3. NAME OF DECEASED First Middle Last					
<u>Marie Anderson</u>					
4. DATE OF DEATH Month Day Year					
<u>Feb. 12 1959</u>					
5. SEX <u>Female</u> 6. COLOR OR RACE <u>Colored</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>July 1 1905</u> 9. AGE (In years last birthday) <u>52</u>					
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 country) <u>Cardova, Tennessee</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Alex Boyd</u> 13b. MOTHER'S MAIDEN NAME <u>Narces Mason</u> 14. NAME OF HUSBAND OR WIFE <u>Charlie Anderson</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>					
16. SOCIAL SECURITY NO. <u>496-40-1516</u> 17. INFORMANT <u>Charlie Anderson-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>No Medical Attendant</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)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>7955</u>					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her alive on _____					
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ellen De Lisle Milam Registrar</u> 22b. ADDRESS <u>Portageville, Mo.</u> 22c. DATE SIGNED <u>2-14-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>2-15-59</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u> 23d. LOCATION (City, town, or country) (State) <u>Portageville, Mo.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo</u> 25. DATE RECD. BY LOCAL REG. <u>2-14-59</u> 26. REGISTRAR'S SIGNATURE <u>Ellen De Lisle Milam</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with diagnosis. All diseases in Part I must be causally related.

P. J. J.

## 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 Harold H. Ponder .....

Licensed Embalmer No. 5030 .....

P. O. Address Lithuan, W.

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.