

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-011898

FILED VS APR 4 1960

Registration District No. 24 Primary Registration District No. 4360 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Portageville</i>		Length of stay in lb	c. CITY OR TOWN <i>Portageville</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Portageville</i>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Magaline</i> Middle <i>Bland</i> Last <i>Bland</i>			4. DATE OF DEATH Month <i>March</i> Day <i>20</i> Year <i>1960</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-15-20</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>9</i> Days	IF UNDER 24 HR Hours <i>9</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>Infant</i>	11. BIRTHPLACE (City and state or country) <i>Portersville</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Fredda Mae Bland</i>	13b. MOTHER'S MAIDEN NAME <i>Savannah Cunningham</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>62</i>	17. INFORMANT <i>Savannah Cunningham</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <i>6</i> a.m. Month, Day, Year <i>3/17/60</i>	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 <i>Portageville</i>	COUNTY <i>Mo</i>	STATE
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21. I attended the deceased from <i>3/17/60</i> to <i>3/20/60</i> and last saw her <i>6</i> am on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <i>6</i> am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Tracy</i>	(Deed or title)	22b. ADDRESS <i>Portageville, Mo</i>	22c. DATE SIGNED <i>3/20/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-21-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>	23d. LOCATION (City, town, or county) (State) <i>Portageville, Mo</i>
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24. FUNERAL DIRECTOR'S ADDRESS <i>De Hisle Funeral Home Pville</i>	25. DATE RECD. BY LOCAL REG. <i>3-24-60</i>	26. REGISTRAR'S SIGNATURE <i>Ellen Miles</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
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.