SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-009885

STATE FILE NUMBER 9885

AMENDED

Registration District No. 241 Primary Registration District No. #360 Registrar's No. 9

FILED APR 14 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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

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) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Carrie Middle: Last: Dunlap
4. DATE OF DEATH Month: March Day: 22 Year: 1961
5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/4/1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE
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.: none
17. INFORMANT — Address

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 Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arterio sclerotic cardiovascular Disease — years
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. ☐ Yes ☒ No ☐ Unknown

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

21. I attended the deceased from Jan 61, to Mar 22, 1961 and last saw her ~~him~~ alive on 3/22/61
Death occurred at 11:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Portageville Mo
22c. DATE SIGNED 3/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/26/61
23c. NAME OF CEMETERY OR CREMATORY: Portageville Cemetery
23d. LOCATION (City, town, or county) (State): Portageville Missouri

24. FUNERAL DIRECTOR: DeLisle Funeral Home — ADDRESS: Portageville, Mo.
25. DATE RECD. BY LOCAL REG.: April 1, 1961
26. REGISTRAR'S SIGNATURE: Ellen D. Milam

(Licensed Embalmer's Statement on Reverse Side)

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. DiLisle

Licensed Embalmer No. 4481

P. O. Address Portageville

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.