

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002829

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 2

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH
a. COUNTY **New Madrid**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **New Madrid**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Portageville** Length of stay in 1b

c. CITY OR TOWN **Portageville** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **At Home** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Kathryn Katherine DeLisle**

4. DATE OF DEATH Month Day Year **January 9 1962**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **12/4/1868**

9. AGE (last birthday) **93**

IF UNDER 1 YEAR Months Days Hours Min. **1 8**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **New Madrid, Missouri**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Bloomfield**

13b. MOTHER'S MAIDEN NAME **Mary Hill**

14. NAME OF HUSBAND OR WIFE (deceased) **Jonah DeLisle (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT Address **Bernard DeLisle Portageville, Missouri**

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 Pulmonary edema**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Cardiovascular Disease**
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH **90 minutes**
years

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 **1958** to **1/9/62** and last saw her alive on **1/9/62**
Death occurred at **2:20 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Grable, M.D.**

22b. ADDRESS **Portageville, Mo**

22c. DATE SIGNED **1/9/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **1/11/1962**

23c. NAME OF CEMETERY OR CREMATORY **Portageville Cemetery**

23d. LOCATION (City, town, or county) (State) **Portageville Missouri**

24. FUNERAL DIRECTOR ADDRESS **DeLisle Funeral Home Portageville, Mo.**

25. DATE RECD. BY LOCAL REG. **Jan 13, 1962**

26. REGISTRAR'S SIGNATURE **Ellen S. Milen**

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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. DeLoach

Licensed Embalmer No. 4481

P. O. Address

Wotagville, Mo

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.