

U.S. No. 300
v. 10.48
OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 32373

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>5828</u>		Registrar's No. <u>281</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Fleming</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural LeSueur</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0780</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway K.</u>				d. STREET ADDRESS (If rural, give location) <u>Highway Community</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ETTA</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Treece</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1952</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>March 6, 1913</u>		9. AGE (In years) (last birthday) <u>39</u>		10. MONTHS <u>6</u>		11. DAYS <u>21</u>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		13. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		14. BIRTHPLACE (State or foreign country) <u>MS Comb, Mississippi</u>		15. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
16a. FATHER'S NAME <u>William Kiddy</u>		16b. MOTHER'S MAIDEN NAME <u>Ella Elizabeth Conway</u>		17. NAME OF HUSBAND OR WIFE <u>Dick Treece</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		19. SOCIAL SECURITY NO. <u>✓</u>		20. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorene Kinchen Rt 2 Portageville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck, broken right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and left arm, cuts about</u> DUE TO (c) <u>head and body, hit by</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Car while riding in market</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Car</u>		072 E8164 26		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Hedgworth</u>		(Degree or title) <u>3 Coroner</u>		23b. ADDRESS <u>New Madrid Mo.</u>		23c. DATE SIGNED <u>Oct. 1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-1-52</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>219-D DeLisle Funeral Parlor Portageville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0720
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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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4481

P. O. Address Portageville 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 this body is not embalmed, fact should be so stated above.