.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9218

LFD MAR 23 1952 297 BIRTH NO. REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portageville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oil Mill Quarters

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portageville 1721
d. STREET ADDRESS (If rural, give location): Oil Mill Quarters

3. NAME OF DECEASED (Type or Print)
a. (First): (Not Named)
b. (Middle):
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Feb 21, 1952

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: Feb 21, 1952
9. AGE (In years last birthday): If under 1 year: Months — Days — If under 24 hrs.: Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~ Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portageville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Un Known
13b. MOTHER'S MAIDEN NAME: Anna Davis
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.:
17. INFORMANT'S SIGNATURE OR NAME: Tisha Caldwell
ADDRESS: Portageville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - Not strong enough to live
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Only lived 5 hours
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 774X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 21, 19 52, *to* Feb 21, 19 52, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8 P/m., *from the causes and on the date stated above.*

23a. SIGNATURE: Tisha Caldwell
(Degree or title): Midwife
23b. ADDRESS: Portageville Mo
23c. DATE SIGNED: 3-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-52
24c. NAME OF CEMETERY OR CREMATORY: Family Farm garden
24d. LOCATION (City, town, or county) (State): Portageville Mo

DATE REC'D BY LOCAL REG.: 3-11-52
REGISTRAR'S SIGNATURE: Ellen Le Lisle
25. FUNERAL DIRECTOR'S SIGNATURE: Family
ADDRESS:

(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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.