

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9232**

DN. O'Kelley
FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **4360** Registrar's No. **11**

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, write RURAL and give township) PORTAGEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) PORTAGEVILLE	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) COLUMBUS b. (Middle) _____ c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 11 1952
5. SEX MALE	6. COLOR OR RACE BLACK	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DONT KNOW	8. DATE OF BIRTH 1901
9. AGE: (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Dont Know
12. CITIZEN OF WHAT COUNTRY? 9			
13a. FATHER'S NAME DONT KNOW		13b. MOTHER'S MAIDEN NAME DONT KNOW	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. 415-36-5399	17. INFORMANT'S SIGNATURE OR NAME INSURANCE POLICY ADDRESS _____
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) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) asthma DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241 X	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)	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 Apr 5, 1952 , to Apr 11, 1952 , that I last saw the deceased alive on Apr 10, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. F. O'Kelley M.D.		23b. ADDRESS 110 W. 3th. Portageville Mo.	23c. DATE SIGNED 4/14/52.
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 12 1952	24c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE Col.	24d. LOCATION (City, town, or county) (State) PORTAGEVILLE MO
DATE REC'D BY LOCAL REG. 4-11-52	REGISTRAR'S SIGNATURE Ellen DeLisle	25. FUNERAL DIRECTOR'S SIGNATURE Delishe FUNERAL PARLOR ADDRESS PORTAGEVILLE MO	

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

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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

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