No. 300
10.46

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

FILED MAY 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17336

BIRTH NO. 22789 REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Portage
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):

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): Rural Portage Twp
d. STREET ADDRESS (If rural, give location): Portageville 0720

3. NAME OF DECEASED (Type or Print)
a. (First): Karn
b. (Middle): Lee
c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): Apr. 27, 1952

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Apr. 26, 1952
9. AGE (In years, last birthday): If under 1 year: Months / Days; If under 1 day: Hours / Min.: 10

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

13a. FATHER'S NAME: ✓
13b. MOTHER'S MAIDEN NAME: Vannie Conner
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: Maybelle Jetterias — **ADDRESS**: Portageville, Mo

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Too weak to live
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: 776X
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* ✓, 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: Vannie Lee Conner (Degree or title): Mother
23b. ADDRESS: Rt. 1 Portageville, Mo
23c. DATE SIGNED: 5-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Free Will
24d. LOCATION (City, town, or county) (State): Point Pleasant, Mo

DATE REC'D BY LOCAL REG.: May 13, 1952
REGISTRAR'S SIGNATURE: Ellen De Lisle
25. FUNERAL DIRECTOR'S SIGNATURE: Friends — **ADDRESS**:

219-1 (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, 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.