

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2311

State File No. ....

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

0721  
 1

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>4360</u>		Registrar's No. <u>2</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>Mo</u> b. COUNTY <u>New Madrid</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Portageville 0721</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tessie</u> b. (Middle) _____ c. (Last) <u>Simmons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 4, 1895</u>		9. AGE (In years last birthday) <u>58</u>	10. MONTHS <u>-</u>	11. DAYS <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fruit Harvest</u>		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Lenie Simmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lenie Simmons</u> ADDRESS <u>Portageville</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Resp. Inf.</u> DUE TO (c) <u>491X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible Emphysema</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>  <u>17 da.</u>  <u>10 da.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>both lungs</u>		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 <u>1-10</u> , 19 <u>53</u> , to <u>1-22</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1-20</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Killian, MD</u> (Degree or title)				23b. ADDRESS <u>Portageville Mo</u>		23c. DATE SIGNED <u>1-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calened Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-24, 53</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u> <u>219</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor</u> ADDRESS <u>Portageville, Mo</u>			

**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 Joseph A. DeFuria  
Student Embalmer No. ....  
Licensed Embalmer No. 4481  
P. O. Address St. Agatha Ave

**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.**