No. 300
10.48

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41800

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4359 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Point Pleasant
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 Point Pleasant
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 0720 0

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Rankin
c. (Last) Carter

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 8 1872
9. AGE (In years last birthday) 82 — If under 1 year: Months 1 Days 25 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME ✓
14. NAME OF HUSBAND OR WIFE Susan L. Dalton

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, ADDRESS Jim Carter - Point Pleasant 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 3 years

DUE TO (c) Senile Changes

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 331 X
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* 2-7, 1953, *to* 11-3, 1954, *that I last saw the deceased alive on* 11-3, 1954, *and that death occurred at* 10:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE James O. Cameron (Degree or title) D.O
23b. ADDRESS Marston - Mo
23c. DATE SIGNED 11-8 54.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-5-54
24c. NAME OF CEMETERY OR CREMATORY Portageville Cem.
24d. LOCATION (City, town, or county) (State) Portageville, Mo

DATE REC'D BY LOCAL REG. 12-27-54
REGISTRAR'S SIGNATURE Ellen DeLisle
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DeLisle Funeral Parlor - Portageville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 44

P. O. Address Portageville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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