

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

27078

State File No. ....

FILED AUG 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 14

|                                                         |  |                                                                                                                                                |                                                                                                                                   |
|---------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>New Madrid</u> |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u> |                                                                                                                                   |
| b. CITY OR TOWN <u>Portageville</u>                     |  | c. CITY OR TOWN <u>Portageville</u>                                                                                                            | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)                       |  | e. STREET ADDRESS (If rural, give location) <u>7210</u>                                                                                        |                                                                                                                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                 |  |                                                                                                                                                |                                                                                                                                   |

|                                               |                          |                      |                          |                                                                       |
|-----------------------------------------------|--------------------------|----------------------|--------------------------|-----------------------------------------------------------------------|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First) <u>Willie</u> | b. (Middle) <u>J</u> | c. (Last) <u>Shannon</u> | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><u>Aug 10 1955</u> |
|-----------------------------------------------|--------------------------|----------------------|--------------------------|-----------------------------------------------------------------------|

|                              |                                         |                                                                                 |                                              |                                                  |                                     |                                   |                                     |                                    |
|------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| <b>5. SEX</b><br><u>Male</u> | <b>6. COLOR OR RACE</b><br><u>Black</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>widowed</u> | <b>8. DATE OF BIRTH</b><br><u>April 1882</u> | <b>9. AGE</b> (In years last birthday) <u>73</u> | <b>10. F UNDER 1 YEAR</b><br>Months | <b>11. F UNDER 6 HRS.</b><br>Days | <b>12. F UNDER 15 MIN.</b><br>Hours | <b>13. F UNDER 15 MIN.</b><br>Min. |
|------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|

|                                                                                                                              |                                                         |                                                                                 |                                                      |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Laborer Retired</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Farm</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Mississippi</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|

|                                                |                                                       |                                                         |
|------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|
| <b>13a. FATHER'S NAME</b><br><u>Dad't know</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Dad't know</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>dad't know</u> |
|------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|

|                                                                                                                                                        |                                                       |                                                                   |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><input checked="" type="checkbox"/> | <b>16. SOCIAL SECURITY NO.</b><br><u>430058 091-A</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Pauline Stoval</u> | <b>ADDRESS</b><br><u>Portageville, Mo</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|

|                                                                                                                                                                                                                                      |                                                                                                                                                                                             |  |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>                                                                                                                                                                |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>3 days</u> |
|                                                                                                                                                                                                                                      | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Anemic Poisoning</u>                                                                                                       |  |                                                          |
|                                                                                                                                                                                                                                      | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Unknown</u><br>DUE TO (c) <u>Unknown 592X</u> |  |                                                          |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                                             |  |                                                          |

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| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|

|                                                 |                                                                                                 |                                                        |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|

|                                                         |                                                                                                                  |                                   |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------|

22. I hereby certify that I attended the deceased from 8-8-1955 to 8-9-1955, that I last saw the deceased alive on 8-8-1955, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

|                                                  |                               |                                        |                                           |
|--------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| <b>23a. SIGNATURE</b><br><u>James J. Cameron</u> | (Degree or title) <u>M.D.</u> | <b>23b. ADDRESS</b><br><u>Mapleton</u> | <b>23c. DATE SIGNED</b><br><u>8-12-55</u> |
|--------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|

|                                                                   |                                         |                                                                      |                                                                                |
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| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>24b. DATE</b><br><u>Aug 12, 1955</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Colored Cemetery</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Portageville Mo</u> |
|-------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------|

|                                                   |                                                       |                                                                          |                                           |
|---------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><u>8-12-55</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Ellen De Lesle</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>DeKle's Funeral Parlor</u> | <b>ADDRESS</b><br><u>Portageville, Mo</u> |
|---------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

DATE RECEIVED AUG 15 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.