

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17150**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5824** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural La Font.</b>		c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0720</b>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b> b. (Middle) <b>GREEN</b> c. (Last) <b>STEALS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 16, 1876</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Jobe Holden</b>		13b. MOTHER'S MAIDEN NAME <b>Patty Hampton</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Steals</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louis Minnis - Portageville, Mo</b>	
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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		INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b>  <b>5 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile deterioration</b> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>5810</b>
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 **2-7-**, 19**53**, to **4-12-**, 19**56**, that I last saw the deceased alive on **4-12-**, 19**56**, and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James O. Cameron</b>	23b. ADDRESS <b>2026 Marston - Mo</b>	23c. DATE SIGNED <b>4-14-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 15, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Colored Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Portageville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-29-56</b>	REGISTRAR'S SIGNATURE <b>H. J. Ponder Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Dehiste Funeral Parlor - Portageville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

218

DATE RECEIVED MAY 29 1956  
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 Joseph A. DeLesle  
Licensed Embalmer No. 44

P. O. Address Portageville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.