

No. 300  
10.48

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21294

State File No. ....

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

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

1. PLACE OF DEATH a. COUNTY <u>New MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</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 type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>07210</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) <u>DRAKE</u> c. (Last) <u>DRAKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 22 1909</u>
9. AGE (In years last birthday) <u>46</u> Months <u>6</u> Days <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>DANIEL TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLY NORRIS</u>	
14. NAME OF HUSBAND OR WIFE <u>ARTHUR DRAKE</u>		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 <u>Arthur Drake</u> ADDRESS <u>Portageville Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES <u>Carcinoma of cervix</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>171x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>15 Oct</u> , 19 <u>56</u> , to <u>4 June</u> 19 <u>56</u> that I last saw the deceased alive on <u>4 June</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. S. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Portageville, Mo.</u>	
23c. DATE SIGNED <u>11 June</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 13, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>	
24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Angela Funeral Home</u> ADDRESS <u>Portageville Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 18, 1956</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u>	

DATE RECEIVED JUN 27 1956  
NEW MADRID CO. HEALTH CENTER



J. G. 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. 4481

P. O. Address Polkville

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.