

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24491

State File No. ....

FILED JUL 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 24 PRIMARY REG. DIST. NO. 5829 Registrar's No. 18

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 (If outside corporate limits, write RURAL and give town or township) <u>Rural Portage</u>		c. CITY OR TOWN <u>Portageville</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>0720</u> <u>Backerton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Backerton Community</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia A</u> b. (Middle) <u>Stewart</u> c. (Last) <u>Stewart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 4 1879</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hus</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Ambrase Keith</u>	13b. MOTHER'S MAIDEN NAME <u>Sally</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Stewart</u>
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 <u>Mrs Lloyd Darnell 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute congestive heart failure</u>		<u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic pulmonary emphysema 15 yrs</u> 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"/>
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) <u>5271</u>

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>Sept 1955</u> , to <u>July 1956</u> , that I last saw the deceased alive on <u>2 July 1956</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>R. S. Smith M.D.</u>	23b. ADDRESS <u>Portageville, Mo</u>	23c. DATE SIGNED <u>7 July 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>		

DATE REC'D BY LOCAL REG. <u>7-7-56</u>	REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeLisle Funeral Parlor Portageville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2190

DATE RECEIVED JUL 10 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. De Lisle*.....  
Licensed Embalmer No. *448*.....

P. O. Address *Fortageville*.....

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.