

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018013
STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 241 Primary Registration District No. 7360 Registrar's No. 11

0721
300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Portageville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alberta Middle Swope Last Harris				4. DATE OF DEATH Month May Day 6 Year 1957			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Aberdine, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Luster				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Odessa Davis, Portageville, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage of right hemiplegia							INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							Unk.
DUE TO (b) Hypertension							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, for m., factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Caruthersville		COUNTY Pemiscot	STATE Mo.
21. I attended the deceased from 5 May 1957 to 6 May 1957 and last saw ^{her} him alive on 6 May 1957 Death occurred at 2: p. m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Julia Harris</i> (Degree or title)				22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 5/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-7-57	23c. NAME OF CEMETERY OR CREMATORY Portageville		23d. LOCATION (City, town, or county) (State) Portageville, Mo.		
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 5-10-57	26. REGISTRAR'S SIGNATURE <i>Ellen M. Lisle Nelson</i>		

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAY 16 1957
NEW MADRID CO. HEALTH CENTER

R.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 Harold H. Ponder....., Student Embalmer No. 50
working under my personal supervision..

Student Harold H. Ponder.....
Signature of Student Embalmer

Signed Homer L. Ponder.....

Licensed Embalmer No. 303

P. O. Address Tilbourn

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