

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 38

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PEMISCOT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR HAYTI TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE 0780 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL		Length of stay in lb	d. STREET ADDRESS ROUTE # 2 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) EVERETT <i>First</i> RANDY <i>Middle</i> TENNISON, JR. <i>Last</i>		4. DATE OF DEATH NOVEMBER 25, 1957 Month NOVEMBER Day 25 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 16, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY *****	9. AGE (In years last birthday) 3 9 IF UNDER 1 YEAR: Months 3 Days 9 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) UNION CITY, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EVERETT RANDY TENNISON, SR.		14. MOTHER'S MAIDEN NAME NANCY STONE	
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 EVERETT TENNISON, SR.		Address TROY, TENN.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary insufficiency DUE TO (b) Steleclasis & edema - Pulmon. DUE TO (c) auricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 12 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 Month, Day, Year 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, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 57 to 25 Nov 57 and last saw him alive on 25 Nov 57 Death occurred at Portageville, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. S. Smith M.D. (Degree)		22b. ADDRESS Portageville, Mo.	
22c. DATE SIGNED 17 Dec 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 26, 1957	
23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETERY		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI	
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 12-20-57	
26. REGISTRAR'S SIGNATURE John W. Gorman			

1-1-58

JAN 3 - 1958

PEWEEB COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph A. DeLain

Licensed Embalmer No. 4481

P. O. Address Portageville

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.