

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-015077

STATE FILE NUMBER

FILED MAY 15 1958 Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 17

| | | | |
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| 1. PLACE OF DEATH a. COUNTY NEW MADRID | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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 <u>0721</u> 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 type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) ISSAC WILLIAMS | 4. DATE OF DEATH APRIL 25, 1958 |
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|--------------------------------|------------------------------------|---|--|--|---|------------------|
| 5. SEX MALE <u>2</u> | 6. COLOR OR RACE COLORED | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH AUGUST 27, 1904 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
|--------------------------------|------------------------------------|---|--|--|---|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (City and state or country) STAFFORD, MISSISSIPPI / | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13. FATHER'S NAME ISSAC WILLIAMS | 14. MOTHER'S MAIDEN NAME UNKNOWN |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yrs. give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT LILLIE WILLIAMS | Address PORTAGEVILLE, MO. |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis | | INTERVAL BETWEEN ONSET AND DEATH Unknown | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma of the liver | | Unknown |
| | DUE TO (c) | | 1561 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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. | |

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|--|---|--|--------|-------|
| 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 PORTAGEVILLE, MO. | COUNTY | STATE |
|--|---|--|--------|-------|

21. I attended the deceased from 2/28/58 to 4/22/58 and last saw her alive on 4/22/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE James D. Grabel, M.D. (Degree or title) | 22b. ADDRESS Portageville, Mo. | 22c. DATE SIGNED 4/29/58 |
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| 23a. BURIAL (CREMATION, REMOVAL, Specify) BURIAL | 23b. DATE APRIL 27, 1958 | 23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE COLORED CEMETERY | 23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI |
|--|------------------------------------|--|--|

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| 24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 4/30/58 | 26. REGISTRAR'S SIGNATURE Ellen H. Spale Milam |
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(Licensed Embolmer's Statement on Reverse Side)

health, Welfare public service
 0721
 300
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DATE RECEIVED MAY 6 1958
NEW MADRID CO. HEALTH CENTER
E.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. DeGush
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.