

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022338
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 81

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 TOWN Hayti		c. CITY OR TOWN Caruthersville	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot County Hsp. 7wks.		d. STREET ADDRESS (If outside, give location) 1104 Washington Ave.	
Length of stay in lb 7wks.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Emma M. Portlock			4. DATE OF DEATH Month Day Year June 1, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Meade County, Kentucky	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C.C. Thompson	
13b. MOTHER'S MAIDEN NAME Minnie M. Buford		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Marion Woods		Address 3504 Manhattan	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Adenocarcinoma of Gallbladder metastasis to liver & lymph glands			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) glaucoma DUE TO (c) hypertension			
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"/>
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 Nov 1958 to June 1959 and last saw her alive on June 1, 1959 Death occurred at 3:15 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. S. Smith (Degree or title)		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 6/3/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 3, 1959	
23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri	
24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'ville, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-59	
26. REGISTRAR'S SIGNATURE Valeria Popham			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *W. Denver Fike*

Licensed Embalmer No. *4484*
P. O. Address *Caruthersville*

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.