

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029942

FILED VS AUG 31 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 107

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY PEMISCOT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY NEW MADRID				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI		Length of stay in 1b 12 hrs		c. CITY OR TOWN PORTAGEVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DEBORAH Middle KAY Last PLOMB				4. DATE OF DEATH Month AUGUST Day 12 Year 1959				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Infant		8. DATE OF BIRTH Jul 30/59	9. AGE (last birthday) IF UNDER 1 YEAR Months 13 Days 13 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY XXX		11. BIRTHPLACE (City and state or country) Portageville, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ronald Plomb			13b. MOTHER'S MAIDEN NAME Barbara Riddle		14. NAME OF HUSBAND OR WIFE XXXX			
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 Address Lucille Riddle 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) Acute Adrenal Insufficiency DUE TO (b) Severe Vivos Infection DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 10 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 10:00 AM Month, Day, Year 12 Aug 59 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 30 July 1959 to 12 August 59 and last saw her alive on 12 August 59 Death occurred at 10:00 AM on 12 Aug 1959 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Andrew E. Painter M.D.				22b. ADDRESS King St. Portageville, Mo.		22c. DATE SIGNED 12 Aug 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 13/59	23c. NAME OF CEMETERY OR CREMATORY Portageville		23d. LOCATION (City, town, or county) (State) Portageville, Missouri			
24. FUNERAL DIRECTOR DeLisle Funeral Home			ADDRESS Portageville, Mo.		25. DATE RECD. BY LOCAL REG. 8-21-59		26. REGISTRAR'S SIGNATURE RR Charlotte Salade Adams Sloan	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph A. DeLuca
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.