

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031436

FILED VS AUG 19 1960

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New MADRID				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 PORTAGEVILLE		Length of stay in 1b		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			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CLARA Middle DAVIS Last DAVIS				4. DATE OF DEATH Month Aug Day 6 Year 1960						
5. SEX FEMALE		6. COLOR OR RACE BLACK		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-4-1901		9. AGE (last birthday) 59		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEHOLD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PORTAGEVILLE MO		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months 1 Days 2		
13a. FATHER'S NAME JAKE PORTOR			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE Deceased			IF UNDER 24 HR Hours 1 Min. 2	
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.		17. INFORMANT Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident								INTERVAL BETWEEN ONSET AND DEATH 7 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Cardiovascular disease						years		
		DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. _____		Month, Day, Year								
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 Oct '59 to 8/6/60 and last saw her alive on 8/5/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) J. Grable, M.D.				22b. ADDRESS Portageville Mo				22c. DATE SIGNED 8/8/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-9-60		23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE		23d. LOCATION (City, town, or county) PORTAGEVILLE MO		State		
24. FUNERAL DIRECTOR Delisle Funeral Home				ADDRESS PORTAGEVILLE MO		25. DATE RECD. BY LOCAL REG. Aug 13, 1960		26. REGISTRAR'S SIGNATURE Lellan D. Milson		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph A. Lee
Licensed Embalmer No. 4481
P. O. Address Stagerville

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.