

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-046905

FILED VS DEC 19 1960 241

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <u>New MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>New MADRID</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>PORTAGEVILLE</u>		Length of stay in 1b		c. CITY OR TOWN <u>PORTAGEVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 <u>DUNLAP</u> Middle <u>WEAICLEY</u> Last				4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>BLACK</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1890</u>		9. AGE (last birthday) <u>70</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>JIM BANKS</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>LIZZIE FARMER</u>			Address <u>PORTAGEVILLE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NO MEDICAL ATTENDANT AT TIME</u> DUE TO (b) <u>OF DEATH</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Ellen Litchfield Milam Registrar</u>				22b. ADDRESS <u>Portageville Mo</u>				22c. DATE SIGNED <u>12/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-3-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE</u>		23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE MO</u>			
24. FUNERAL DIRECTOR <u>DELISLE FUNERAL HOME</u>				25. DATE RECD. BY LOCAL REG. <u>12/5/60</u>		26. REGISTRAR'S SIGNATURE <u>Ellen Milam</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 1960

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. [Signature]

Licensed Embalmer No. 4481

P. O. Address Fortageville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.