No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9328

State File No.

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
c. LENGTH OF STAY (In this place) 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma Mo.
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Lyman
c. (Last) Husted

4. DATE OF DEATH (Month) (Day) (Year) Mar 19, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 16, 1861
9. AGE (In years last birthday) 87 — If under 1 year: Months 3, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Peoria, Ill
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Wilson Husted
13b. MOTHER'S MAIDEN NAME Ruth Schwim
14. NAME OF HUSBAND OR WIFE Clara B. Husted

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Geo W Husted (Son) **ADDRESS** Parma Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decomp — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4343

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 3, 1948, *to* Mar 19, 1949, *that I last saw the deceased alive on* Mar 19, 1949, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Geo. W. Husted MD
23b. ADDRESS Parma Mo
23c. DATE SIGNED 3/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 21/49
24c. NAME OF CEMETERY OR CREMATORY Pine Hill (near Patton, Mo
24d. LOCATION (City, town, or county) Near Patton (State) Mo

DATE REC'D BY LOCAL REG. 3/24/49
REGISTRAR'S SIGNATURE Dr. Geo W Husted
25. FUNERAL DIRECTOR'S SIGNATURE Thomas E Knight **ADDRESS** Parma, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 369-436
Date Filed 3-30-69

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.

Signed Thomas C. Knight

Licensed Embalmer No. 2189

P. O. Address Parma, Mo

✓
Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.