No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1949

State File No. 13204

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 18

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)
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.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harry. b. (Middle) ---------- c. (Last) Chatman.

4. DATE OF DEATH (Month) (Day) (Year) April 11 49

5. SEX M. 2
6. COLOR OR RACE Negro.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Dec. 25 1866
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 3 Days 17 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Unknown.
13b. MOTHER'S MAIDEN NAME Unknown.
14. NAME OF HUSBAND OR WIFE Mrs. Mary Chatman. Parma MO

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 Mary Chatman Parma MO ADDRESS

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

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

+343

INTERVAL BETWEEN ONSET AND DEATH

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* Oct 26/46 *19*__, *to* April 11, *19*49, *that I last saw the deceased alive on* Jan 6, *19*49, *and that death occurred at* 8:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo W Husted (Degree or title)
23b. ADDRESS Parma Mo
23c. DATE SIGNED 4/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/17/49
24c. NAME OF CEMETERY OR CREMATORY Catron Cemetery
24d. LOCATION (City, town, or county) (State) 2 mi North of Catron MO.

DATE REC'D BY LOCAL REG. 4/15/1949
REGISTRAR'S SIGNATURE Dr Geo W Husted M.D. 217
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Fun. Service ADDRESS Parma MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No.
District File Number 449-
Date Filed 4-27-41

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 .....
Student Embalmer

Signed Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter Mo

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.