

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5531

No. 300

10.48

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| BIRTH NO. _____ | | REG. DIST. NO. <u>239</u> | | PRIMARY REG. DIST. NO. <u>4356</u> | | Registrar's No. <u>5</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>New Madrid</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>New Madrid</u> | |
| c. LENGTH OF STAY (In this place) <u>35yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u> | | d. STREET ADDRESS <u>0</u> | | <u>8720</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>Lucinda</u> | | b. (Middle) <u>Rachel</u> | c. (Last) <u>Moore.</u> | (Month) <u>Feb;</u> | (Day) <u>13</u> | (Year) <u>1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 4 1864</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months <u>0</u> | IF UNDER 1 YEAR Days <u>9</u> | IF UNDER 1 HR. Hours <u></u> |
| 10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>State of Tenn;</u> | | 12. CITIZEN OF WHAT COUNTRY? <u></u> | |
| 13a. FATHER'S NAME <u>DGeorge Dockins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Carter</u> | | 14. NAME OF HUSBAND OR WIFE <u></u> | | | |
| 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. <u></u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley Moore Parma Mo;</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | DUE TO (b) <u>General Arteriosclerosis 25 yrs</u> | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) <u></u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>490X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-15</u> , 19 <u>49</u> , to <u>Feb 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>50</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>S. E. Mitchell M.D.</u> | | | | 23b. ADDRESS <u>Malden Mo.</u> | | 23c. DATE SIGNED <u>2/14/50</u> | |
| 24a. BURIAL CREMATION REMOVAL (Specify) | | 24b. DATE <u>2/14/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u> | | 24d. LOCATION (City, town, or county) (State) <u>Malden MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>2/18/50.</u> | | REGISTRAR'S SIGNATURE <u>Dr. W. R. Rusted</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker Funerals</u> | | ADDRESS <u>Plum</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 23 1950

District Health Office No. 2,

District File Number 250-141

Date Filed _____

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

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.