.S. No. 300
EV. 10.48

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

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16012

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 223

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (In this place): 57 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF Mo
d. STREET ADDRESS (If rural, give location): 1605 No. WOODROW ST

3. NAME OF DECEASED (Type or Print)
a. (First): ADA
b. (Middle): ANN
c. (Last): PARKERSON

4. DATE OF DEATH (Month) (Day) (Year): MAY 9 - 1950

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 6 - 1879
9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WILLIAMSON Co ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: JAMES GAMBLE
13b. MOTHER'S MAIDEN NAME: MARY ELIZABETH FELTS
14. NAME OF HUSBAND OR WIFE: Wm PARKERSON
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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ella Smith — **ADDRESS**: Poplar Bluff 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) Bilateral Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5

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*: Pulmonary Tuberculosis Bilat. ? — +91X

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* 6 May, 1950, *to* 9 May, 1950, *that I last saw the deceased alive on* 9 May, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. T. Bickerton MD (Degree or title)
23b. ADDRESS: 321 Oak, Poplar Bluff Mo
23c. DATE SIGNED: 12 May 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 14-1950
24c. NAME OF CEMETERY OR CREMATORY: BLACK CREEK CEM
24d. LOCATION (City, town, or county) (State): 5 Mi. W POPLAR BLUFF MO

DATE REC'D BY LOCAL REG.: May 15-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE: N. T. Phelps — ADDRESS: Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

RECEIVED

MAY 31, 1950
BUTLER CO. HEALTH CENTER
FILE No. 550-237

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.