

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36897

470
0

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY OR TOWN Ironton		c. CITY OR TOWN Arcadia	
c. LENGTH OF STAY (in this place) 3 mo.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED a. (First) Ada b. (Middle) Ruth c. (Last) Tual		4. DATE OF DEATH Nov. 4 1950	
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 20 1880
9. AGE (In years Last birthday) 69		IF UNDER 1 YEAR 10 Months 14 Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Ironton Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William A. Parmer		13b. MOTHER'S MAIDEN NAME Thebe Newman	14. NAME OF HUSBAND OR WIFE Weldon Tual
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Townsend, Arcadia 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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 Aug 17, 1950 to 11-4, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 10.43A, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS Ironton Mo.	23c. DATE SIGNED 11-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-5-50	24c. NAME OF CEMETERY OR CREMATORY K. P. Cemetery	24d. LOCATION (City, town, or county) (State) Ironton Missouri
DATE REC'D BY LOCAL REG. Nov. 14, 1950	REGISTRAR'S SIGNATURE Mrs. Maria Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton Mo. A. J. Leblond	

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

APR 3 1951

RECEIVED

NOV 20 1950

DISTRICT HEALTH OFFICE No. C

File No.....

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 *Russel J White*

Licensed Embalmer No. *3012*

P. O. Address *Durston Mass*

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.