S. No. 300
. 10.48

FILED APR 7 1951

59938-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9415

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 3

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) 7 mo
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 COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma. 0720
d. STREET ADDRESS (If rural, give location) In Town

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) CHARLES-EDWARD-THATCH

4. DATE OF DEATH (Month) (Day) (Year) Mar. 30 1951

5. SEX M. ✓
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0
8. DATE OF BIRTH Aug. 29-1950
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Ezell Thatch
13b. MOTHER'S MAIDEN NAME Armanda Walker
14. NAME OF HUSBAND OR WIFE ✓

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 Ezell Thatch 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) _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Burned (Could not rescue)
DUE TO (c) Burning building

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

INTERVAL BETWEEN ONSET AND DEATH
E916.0
16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
172
20. AUTOPSY? YES ☐ NO ☑

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-30-51 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? See above

22. *I hereby certify that I ~~attended the deceased from~~* was at the fire, 19___, to 3/30/, 1951, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo W Husted (Degree or title) M.D.
23b. ADDRESS Parma Mo
23c. DATE SIGNED 3/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/31/51
24c. NAME OF CEMETERY OR CREMATORY Dexter
24d. LOCATION (City, town, or county) (State) Dexter MO.

DATE REC'D BY LOCAL REG. 3/30/51
REGISTRAR'S SIGNATURE Dr. Geo W Husted 217
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service ADDRESS Parma MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 6 1951

DISTRICT HEALTH OFFICE No. 6

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.

Not Embalmed

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.