S. No. 300
v. 10.48

DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42381

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 21

0720

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

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): 2 years
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: Missouri
b. 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): D

3. NAME OF DECEASED (Type or Print)
a. (First): Ada
b. (Middle): —
c. (Last): Nesbitt

4. DATE OF DEATH (Month) (Day) (Year): Dec 10 1951

5. SEX: F. P
6. COLOR OR RACE: Nergo
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 13, 1883
9. AGE (In years last birthday): 67 — If under 1 year: Months 11, Days 27 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: John Price
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John Nesbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: John Nesbitt — ADDRESS: Parma, Missouri

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): Cerebral Hemorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* 12-7-51 *19*___, *to* 12-10-51, *19*___, *that I last saw the deceased alive on* 12-9-51 *19*___, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J H Gilbert M.D.
23b. ADDRESS: Parma - Mo
23c. DATE SIGNED: 12/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 16, 1951
24c. NAME OF CEMETERY OR CREMATORY: Catron Cemetery
24d. LOCATION (City, town, or county) (State): Catron, Mo

DATE REC'D BY LOCAL REG.: 12/20/51
REGISTRAR'S SIGNATURE: Dr Geo W Husted MD 217
25. FUNERAL DIRECTOR'S SIGNATURE: Richards Undertaking Co
ADDRESS: New Madrid Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 28 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 Tommy L. Wolfe, Student Embalmer No. 934, working under my personal supervision.

Student Tommy L. Wolfe
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.