

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42457**

FILED JAN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **140**

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

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti Heights, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>Rt 1, Box 55</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Parthenia</b>	b. (Middle) <b>(None)</b>	c. (Last) <b>Holmes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 30 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 1893</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 4 HRS. Hours <b>Unknown</b>	IF UNDER 15 MIN. Min. <b>Unknown</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic Service</b>	11. BIRTHPLACE (State or foreign country) <b>Sidon, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>(Unknown) Long</b>	13b. MOTHER'S MAIDEN NAME <b>Logie</b>	14. NAME OF HUSBAND OR WIFE <b>(Unknown) Will Holmes</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Will Holmes</b>	ADDRESS <b>Rt 1, Box 55 Hayti, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension 4 or 5 yrs</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>
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22. I hereby certify that I attended the deceased from **12/30/51** to **1/30/52**, that I last saw the deceased live on **1/30, 1952**, and that death occurred at **6:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. D. Denton, M.D.</b>	Degree or title _____	23b. ADDRESS <b>Hayti, Mo 1-1-52</b>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6 Jan 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sidon Colored Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sidon, Mississippi</b>
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DATE REC'D BY LOCAL REG. <b>1-4-52</b>	REGISTRAR'S SIGNATURE <b>John W. Gorman</b>	406- _____	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shilpa Wood</b>	ADDRESS <b>Br 2780</b>
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1-52-8  
Rec. JAN 5 1952

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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 Philip B. Dora .....

Licensed Embalmer No. 4833 .....

P. O. Address B. 2766, Caruthersville, 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.