S. No. 300
v. 10.48

120

STANDARD CERTIFICATE OF DEATH

State File No. 28844

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5825 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma Rt 2
c. LENGTH OF STAY (in this place)
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
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma Rt 2 0120
d. STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print)
a. (First) ARMINDA
b. (Middle)
c. (Last) WOOLFE

4. DATE OF DEATH (Month) July (Day) 31 (Year) 52

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Jan 2-1872

9. AGE (In years last birthday) 80
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) Reynolds County Mo

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Geo. Barton

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Robert Smith
ADDRESS Parma Mo Rt 2

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) Pneumonia (lobar)
INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 490 X

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* July 31, 1952, *to* July 31, 1952, *that I last saw the deceased alive on* July 31, 1952, *and that death occurred at* 11 P. m. *from the causes and on the date stated above.*

23a. SIGNATURE Dr. Geo W Hurst (Degree or title)

23b. ADDRESS Parma Mo

23c. DATE SIGNED 8/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-9-52

24c. NAME OF CEMETERY OR CREMATORY Barton

24d. LOCATION (City, town, or county) (State) Greley Mo.

DATE REC'D BY LOCAL REG. 8/2/52

REGISTRAR'S SIGNATURE Dr. Geo W Hurst

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

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 Walter Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Carter 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.