

STANDARD CERTIFICATE OF DEATH

State File No. **15076**

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>New Madrid</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		c. LENGTH OF STAY (in this place) <u>2 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None. Rural</u>				d. STREET ADDRESS <u>Rt. # 7</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>MARY</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>ALLISON</u>		Date (Month) (Day) (Year) <u>Apr 9 53</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 3-1873</u>	
9. AGE (In years last birthday) <u>79</u>		10. AGE (In years last birthday) <u>79</u>		11. BIRTHPLACE (State or foreign country) <u>McCune Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Widowed</u>		11. BIRTHPLACE (State or foreign country) <u>McCune Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Truick</u>		14. NAME OF HUSBAND <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. A. Seabough</u>		ADDRESS <u>Parma Mo</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
2. ANTECEDENT CAUSES							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension arteriosclerosis</u>			
DUE TO (c)							
3. 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		331X		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 <u>3/13</u> , 19 <u>53</u> , to <u>4/7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/7</u> , 19 <u>53</u> and that death occurred at <u>9:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. I. Edmundson M.D.</u> (Degree or title)				23b. ADDRESS <u>Malden Missouri</u>		23c. DATE SIGNED <u>4/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deer</u>		24d. LOCATION (City, town, or county) (State) <u>Deer Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/15/53</u>		REGISTRAR'S SIGNATURE <u>Dr. G. W. Hunt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Walker</u>		ADDRESS <u>Parma Mo</u>	

(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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.