

72058

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39808**

FILED **DEC 7 1953**

BIRTH NO. _____ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **5825** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Rural 5 Mi. W. Parma	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Parma 5 Mi. West 0720	d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew Leon b. (Middle) Thomas c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 1953		
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5. SEX M	6. COLOR OR RACE B	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Sept 13 1953		9. AGE (In years last birthday) 2 MONTHS 2 DAYS 0 HOURS 0 MIN.	
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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, Missouri		12. CITIZEN OF WHAT COUNTRY 2	
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13a. FATHER'S NAME Charlie Thomas		13b. MOTHER'S MAIDEN NAME Mandy Franklin		14. NAME OF HUSBAND OR WIFE			
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlie Thomas Parma no. Rt. 2			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Endocarditis			INTERVAL BETWEEN ONSET AND DEATH days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary			Weeks	
	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) 7544	
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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?		
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22. I hereby certify that I attended the deceased from **11-21-53**, 19**53**, to **11-21-53**, 19**53**, that I last saw the deceased alive on **11-21-53**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Lang (Degree or title) Dr.		23b. ADDRESS Parma Mo		23c. DATE SIGNED 11-24-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 21 1953	24c. NAME OF CEMETERY OR CREMATORY Catron Colored		24d. LOCATION (City, town, or county) (State) Catron Missouri	
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DATE REC'D BY LOCAL REG. 11/24/53	REGISTRAR'S SIGNATURE W. G. Husted	25. FUNERAL DIRECTOR'S SIGNATURE Mr. Watkins	ADDRESS Fun. Service		
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

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.