

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2140

State File No.

FILED FEB 3 1954

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4356 Registrar's No. 1

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) OR TOWN Parma	c. LENGTH OF STAY (in this place) 3 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0720	

3. NAME OF DECEASED (Type or Print)	a. (First) Mantha	b. (Middle) Bryson	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 6 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24 1874	9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. 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) state of Alabama	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Parker	13b. MOTHER'S MAIDEN NAME Emaline Howard	14. NAME OF HUSBAND OR WIFE deceased
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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 Ellis Parker Parma Mo;	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Chial Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broken vein in lungs DUE TO (c) Coughing in cold		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. rheumatoid arthritis			

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) m.	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 Jan 17, 1952, to Jan 6, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. George Husted M.D.	23b. ADDRESS 9. Parma Mo	23c. DATE SIGNED 1-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 7 1954	24c. NAME OF CEMETERY OR CREMATORY Parma Cemetery	24d. LOCATION (City, town, or county) (State) Parma Mo;
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DATE REC'D BY LOCAL REG. 1-8-54	REGISTRAR'S SIGNATURE Dr. George Husted	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Services	ADDRESS Parma Mo,
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(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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address 24th Ave

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.