

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34692**

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

BIRTH NO. _____		REG. DIST. NO. <b>239</b>		PRIMARY REG. DIST. NO. <b>5825</b>		Registrar's No. <b>26</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ark.</b> b. CITY <b>St. Francis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Parma Rural</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Hughes</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None (Come home)</b>				e. STREET ADDRESS (If rural, give location) <b>8030 8</b>			
3. NAME OF DECEASED (Type or Print) <b>Terry Wayne Altman</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Jan 5 - 1954</b>	
9. AGE (In years last birthday) <b>9</b>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lee J Altman</b>		13b. MOTHER'S MAIDEN NAME <b>Angie Mae Crouch</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lee J. Altman</b> ADDRESS <b>Parma Mo;</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INTESTINAL FLU</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>DYSENTERY - DEHYDRATION</b> DUE TO (c) <b>MALNUTRITION</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>7 DAYS</b> <b>7 DAYS</b> <b>MONTHS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7720</b>				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) (Min.)	
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 <b>10-7-54</b> , 19__, to <b>10-7-54</b> , 19__, that I last saw the deceased alive on <b>DEAD ON ARRIVAL</b> and that death occurred at ____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>D J E Large</b> (Degree or title)				23b. ADDRESS <b>PARMA - MO</b>		23c. DATE SIGNED <b>10-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct. 7 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parma Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Parma Mo;</b>	
DATE REC'D BY LOCAL REG. <b>10/15/54</b>		REGISTRAR'S SIGNATURE <b>Dr. Gerald H. Hunt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Home</b> ADDRESS <b>Parma Mo.</b>			

---

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 *Not Embalmed*....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.