

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8927**

No. 300  
10.48

FILED APR 7 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **5825** Registrar's No. **13**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>New Madrid</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> <b>0720</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Risco Como Twp</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY OR TOWN <b>Risco</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Effie</b> c. (Last) <b>Carlisle</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 22 1955</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Feb 2 1887</b>		<b>9. AGE</b> (In years last birthday) <b>68</b> <input type="checkbox"/> UNDER 1 YEAR Months <input type="checkbox"/> UNDER 1 MONTH Days <input type="checkbox"/> UNDER 1 HOUR Hours <input type="checkbox"/> MIN.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>McCleansboro Illinois</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Tom Cook</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>George Carlisle</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>George Carlisle</b> <b>Risco Mo;</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>CARDIAC DEGENERATION</b>			<b>HOURS</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>APPOPLEXY</b> DUE TO (c) <b>HYPERTENSION</b>			<b>YEARS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>PARMA - MO</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

**22. I hereby certify that I attended the deceased from 11-10-24 19\_\_ to 3-22-55 19\_\_, that I last saw the deceased alive on 3-22-55, 19\_\_, and that death occurred at 3:30 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>217 PARMA - MO</b>		<b>23c. DATE SIGNED</b> <b>3-22-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>		<b>24b. DATE</b> <b>Mar. 24 1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Malden Memorial Park, Malden, Missouri</b>	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>PARMA MO.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>3/29/55</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>ADDRESS</b>	

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.....  
Signature of Student Embalmer

Signed *March Watkins*.....

Licensed Embalmer No. *712*

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