

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37585**

BIRTH NO. _____ REG. DIST. NO. **232** PRIMARY REG. DIST. NO. **4353** Registrar's No. **11**

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) Gideon		c. LENGTH OF STAY (In this place) 46 Yrs.	c. CITY OR TOWN Gideon
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. STREET ADDRESS (If rural, give location) 0700			

3. NAME OF DECEASED (Type or Print)	a. (First) Parish	b. (Middle) Phearnettie	c. (Last) Ray	4. DATE OF DEATH (Month) (Day) (Year) 11-6-1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-22-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Henderson, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Mitchel Armour	13b. MOTHER'S MAIDEN NAME Unknown	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Gordon Gideon, Missouri	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 20 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. 2, 1955**, to **11-6, 1955**, that I last saw the deceased alive on **11-3, 1955**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. E. Hopkins, M.D.	(Degree or title)	23b. ADDRESS Gideon, Mo.	23c. DATE SIGNED 11-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-9-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Gilced,	24d. LOCATION (City, town, or county) (State) Clarkton, Missouri
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DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE Mrs. F. E. Hopkins	454	25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Pursee	ADDRESS Liggott, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED NOV 21 1955
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Lloyd Russell.....
Licensed Embalmer No. 509.....

P. O. Address Pygott, W. Va.

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.