

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37916**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Louisiana b. COUNTY Caddo.	
b. CITY OR TOWN Bonne Terre		c. CITY OR TOWN Shreveport	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Mon.		e. STREET ADDRESS (If rural, give location) 817th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 116 W Johnson			

3. NAME OF DECEASED (Type or Print) Tennie	a. (First)	b. (Middle) Scott	c. (Last) Markham	4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 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 Aug. 11, 1872	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ousewife	11. BIRTHPLACE (City and State or Foreign Country) Drum, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Scott	13b. MOTHER'S MAIDEN NAME Sara Hord	14. NAME OF HUSBAND OR WIFE Joseph Lee Markham, dec'd
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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 Frank Markham, Shreveport, La.	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, asthma, 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) Chronic myocarditis		2-17
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknow		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222	

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)	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 11-8-1953 to 11-26-1953 that I last saw the deceased alive on 11-26-1953 and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE D. L. Evans (Degree or title)	23b. ADDRESS md Bonne Terre Mo	23c. DATE SIGNED 11-28-55
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24a. BURIAL OR CREMATION REMOVAL (Specify) Removal	24b. DATE Nov. 29, 55	24c. NAME OF CEMETERY OR CREMATORY Olla Cemetery, Olla	24d. LOCATION (City, town, or county) (State) Louisiana
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 28, 1955 Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Sparks Funeral Home	ADDRESS Bonne Terre
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 9 1952

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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..... *Ernest Spark*

Licensed Embalmer No. 42

P. O. Address *Bonn, Tex*

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.