THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3413

STATE FILE NUMBER

FILED FEB 13 1957 Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Stoddard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, Rt 1, Elk Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Parma Rt1 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in lb 2 yr	d. STREET ADDRESS (If outside, give location) 3 M N. Parma 1030 Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Mary	Middle: Matilda	Last: Taylor	4. DATE OF DEATH Month Day Year: Jan. 23 1957
5. SEX: female	6. COLOR OR RACE: cauc.	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: June 10 1880	9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Polk County Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Sam Corn		14. MOTHER'S MAIDEN NAME: Eunes Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Emma Ford Address: Parma Mo. Rt 1		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic gastritis with possible ulcer

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 543x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 26/1954 to Jan. 23/57 and last saw her/him alive on Jan 20/57. Death occurred at 11:00 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. Geo. W. Husted, M.D.	22b. ADDRESS: Parma, Mo.	22c. DATE SIGNED: 1/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Jan. 26 1957	23c. NAME OF CEMETERY OR CREMATORY: Mounds Cemetery	23d. LOCATION (City, town, or county) (State): near New Madrid Mo.
24. FUNERAL DIRECTOR: Watkins Funeral Service	ADDRESS: Parma Mo.	25. DATE RECD. BY LOCAL REG.: 2-4-57	26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

800 -56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

109-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Earl Michelkens

Licensed Embalmer No. 496

P. O. Address Dexter, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.