Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1957

41217
STATE FILE NUMBER

Registration District No. 237 Primary Registration District No. 4356 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY New Madrid
c. CITY OR TOWN Parma — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Janie; Middle Angelime; Last Allen

4. DATE OF DEATH: Month Nov. Day 6 Year 1957

5. SEX: female

6. COLOR OR RACE: caud.

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 24 1899

9. AGE (In years last birthday): 58

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): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Sylvia Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilson White

14. MOTHER'S MAIDEN NAME: Ruth Wakefield

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 Address: Leonard Allen Lilbourn 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): Carcinoma of Intestinal Tract
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Due to Metastasis from the leg.
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): 1991

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 March to Nov. and last saw her alive on Nov. 6, 1957
Death occurred at 4:50 P.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 Hunter, M.D

22b. ADDRESS: Parma, Missouri

22c. DATE SIGNED: 11/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Nov. 8 1957

23c. NAME OF CEMETERY OR CREMATORY: Twidwell Cemetery

23d. LOCATION (City, town, or county) (State): near Sylvia Mo.

24. FUNERAL DIRECTOR ADDRESS: Watkins Funeral Ser. Parma Mo.

25. DATE RECD. BY LOCAL REG.: Nov. 7, 1957

26. REGISTRAR'S SIGNATURE: Dr. Geo W Hunter, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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DATE RECEIVED NOV 18 1957
NEW MADRID CO. HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mark Watkins

Licensed Embalmer No. 471

P. O. Address Dexter, M

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