

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036978

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma		Length of stay in 1b 30 yrs		c. CITY OR TOWN Parma		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alfonzo Middle Avant Last Avant				4. DATE OF DEATH Month Oct. Day 3 Year 1959			
5. SEX M	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1900	9. AGE (last birthday) 58 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Enid, Miss.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dan Avant		13b. MOTHER'S MAIDEN NAME Lula Brown		14. NAME OF HUSBAND OR WIFE deceased			
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. 333-12-3696		17. INFORMANT Address Mrs. Lula Battles, Parma, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DEGENERATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) CARCINOMA - LEFT LUNG DUE TO (c) GENERAL DEBILITY						INTERVAL BETWEEN ONSET AND DEATH WEEKS WEEKS WEEKS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 SEPT 18-19 to OCT 3-19 and last saw her alive on SEPT 18-19 Death occurred at 4: P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. E. Lang (Deceased or this)				22b. ADDRESS MALEDEN - MISSOURI		22c. DATE SIGNED 10-10-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 6 1959	23c. NAME OF CEMETERY OR CREMATORY Catron		23d. LOCATION (City, town, or county) N. of Catron Mo.		23e. REGISTRAR'S SIGNATURE Dr. George H. Bates, M.D.	
24. FUNERAL DIRECTOR Watkins Funeral Service		ADDRESS Parma Mo.		25. DATE RECD. BY LOCAL REG. 10/14/59		26. REGISTRAR'S SIGNATURE Dr. George H. Bates, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Marsh W. Williams

Licensed Embalmer No.

4717

P. O. Address

Seaside

-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.