

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031434

FILED VS AUG 10 1960 239 Primary Registration District No. 4356 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid c. CITY OR TOWN Parma d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 35 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Helen Al Wilda Catron			4. DATE OF DEATH Month Day Year July 30 1960			
5. SEX F.	6. COLOR OR RACE cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 1, 1910	9. AGE (last birthday) 49 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 Marston Mo.		11. BIRTHPLACE (City and state or country) Marston Mo.		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Arthur C. Hudson		13b. MOTHER'S MAIDEN NAME Helen Brannon		
14. NAME OF HUSBAND OR WIFE Frank Catron		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 Frank Catron Parma Missouri				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) lung hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) carcinoma of lungs 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)		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 checked="" 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 Month, Day, Year a.m. p.m.		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 **10-28-50** to **7-30-60** and last saw her/him alive on **7-26-60**
 Death occurred at **9:30 A.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 8/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug. 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Parma cemetery	23d. LOCATION (City, town, or county) (State) 2 Mi. SW Parma Mo.	
24. FUNERAL DIRECTOR ADDRESS Watkins and Sons, Parma Missouri		25. DATE RECD. BY LOCAL REG. 8/1/60	26. REGISTRAR'S SIGNATURE Dr. Geo. W. Husted, M.D.	

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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

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.