

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## -60-046915

LED VS JAN 5 1961

Registration District No. 259 Primary Registration District No. 5825 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma (Rural)</u>		Length of stay in 1b <u>2 yrs.</u>		c. CITY OR TOWN <u>Parma Rt 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) <u>3 Mi. SW of Parma</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Pryor</u> Last <u>Pryor</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>15</u> Year <u>1960</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar. 16, 1916</u>	9. AGE (last birthday) <u>44 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>near Granada Miss.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Lemmie Pryor</u>			Address <u>Parma Mo Rt 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>No. Medical attendat, tractor used</u> DUE TO (b) <u>into ditch turned over on this person</u> DUE TO (c) <u>ditch had water in it</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input checked="" 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.) <u>Tractor turned over in ditch, person</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <u>was under tractor in ditch of water</u>		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 <u>2 1/4 W of Parma</u>	
				COUNTY <u>New Madrid, Mo.</u>		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:30 P:M</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Les Hedgopeth</u>				(Degree or title) <u>Carver</u>		22b. ADDRESS <u>New Madrid, Mo.</u>		22c. DATE SIGNED <u>12/17/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Dec. 22, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Granada</u>			23d. LOCATION (City, town, or county) <u>Mississippi</u>		
24. FUNERAL DIRECTOR <u>atkins and Sons, Parma, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12/20/60</u>		26. REGISTRAR'S SIGNATURE <u>Dr. [Signature]</u>	

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Decker M

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