

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011088

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 8

FILED APR 3 1963

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Campbell		Length of stay in 1b 7yrs.	c. CITY OR TOWN Senath
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mattie Middle Bernice Last Parker			4. DATE OF DEATH Month March Day 10 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/21/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 87 IF UNDER 1 YEAR: Months 1 Days 19 IF UNDER 24 HR: Hours Min.
11a. FATHER'S NAME William W. Mc Daniel		11b. BIRTHPLACE (City and state or country) Forrest City Ark. U.S.	
13a. FATHER'S NAME William W. Mc Daniel		13b. MOTHER'S MAIDEN NAME Nancy Bebecca Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Cary Kuykendall Memphis Tenn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia, Bilateral - - - - DUE TO (b) Cardio-Vascular-Renal Disease - - - - DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 days 12 years
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 checked="" 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 checked="" 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 10-17-62 to 3-10-63 and last saw ^{her} him alive on 3-10-63 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles S. Williams</i> (Degree or Title) M.D.		22b. ADDRESS Malden, Missouri	
22c. DATE SIGNED 3-11-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/12/1963	23c. NAME OF CEMETERY OR CREMATORY Senath Cemetery	23d. LOCATION (City, town, or county) (State) Senath Mo.
24. FUNERAL DIRECTOR Howard Funeral Service Keachville Ark.		25. DATE RECD. BY LOCAL REG. 3-25-1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Senath Campbell</i>

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 W. L. Howard

Licensed Embalmer No. 3959

P. O. Address Blytheville, Ark.

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.