

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43446

State File No.

FILED JAN 7 1950

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Bloomfield (Rural)</u>	c. LENGTH OF STAY (in this place) <u>most life</u>	c. CITY OR TOWN <u>Bloomfield Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (First) <u>TELLA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>PARKS.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 15 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	IF UNDER 12 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>mat Henderson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bogal</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mathie Quattlebaum</u>	ADDRESS <u>Bloomfield Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1 1949 to Dec 17 1949, that I last saw the deceased alive on Dec 17 1949, and that death occurred at 8:50 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Jovin M.D.</u>	(Degree or title)	23b. ADDRESS <u>Room 3000 Mo</u>	23c. DATE SIGNED <u>Dec 25 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 19 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wamble Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27 49</u>	REGISTRAR'S SIGNATURE <u>Rose Webber</u>	355	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Serv. Inc</u>	ADDRESS <u>Bloomfield Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 3 1950

District Health Office No. _____

District File Number 150-1

Date Filed _____

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.

Signed _____

Walter Marsh Watkins

Signed _____

Student Embalmer

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 this body is not embalmed, fact should be so stated above.