

BIRTH NO.		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>5420</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb Twp.</u>		c. LENGTH OF STAY (In this place) <u>1 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Holcomb Twp.</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route one</u>				d. STREET ADDRESS (If rural, give location) <u>Route one</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Parker</u> c. (Last) <u>Doughten</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Nov. 21, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		if UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		if UNDER 1 HR. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Doughten</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Laster</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Doughten - Holcomb, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Thyrus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Thyrus</u> DUE TO (c) <u>2 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1918</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Mar 20, 1950</u> , to <u>Apr. 8, 1950</u> , that I last saw the deceased alive on <u>Apr. 10, 1950</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Jones, M.D.</u>				23b. ADDRESS <u>Siggart, Ark</u>		23c. DATE SIGNED <u>4-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parsons, Tenn. Rt. 1</u>	
DATE REC'D BY LOCAL REG. <u>5/12/50</u>		REGISTRAR'S SIGNATURE <u>J. L. Anderson</u> 89		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelby Funeral Home - Parsons, Tenn.</u>			

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

350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-13-50
COUNTY FILE NUMBER .. 550-140 ..

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
Student Embalmer

Signed *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.