No. 300
10-48

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# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1951

State File No. 19601

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 229

1. PLACE OF DEATH
a. COUNTY: Cape Grardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 0 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma, Missouri Rt. 1 1030
d. STREET ADDRESS (If rural, give location): 4 Mi. north of Parma

3. NAME OF DECEASED (Type or Print): a. (First) Opal b. (Middle) Fay c. (Last) Best

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1951

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1931
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House keeping
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: George Cullum
13b. MOTHER'S MAIDEN NAME: Essie Linbetter
14. NAME OF HUSBAND OR WIFE: Tommie Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Tommie Best, Parma Mo. R-1 — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eclampsia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxemia of pregnancy — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Placenta Previa (Centralis) — 6423

19a. DATE OF OPERATION: 6-15-51
19b. MAJOR FINDINGS OF OPERATION: Placenta Previae Centralis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1951, *to* June 15, 1951, *that I last saw the deceased alive on* June 15, 1951, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Washley MD.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 6.16.51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17, 51
24c. NAME OF CEMETERY OR CREMATORY: Hidgon Cemetery
24d. LOCATION (City, town, or county) (State): Hidgon Ark.

DATE REC'D BY LOCAL REG.: 6-17-1951
REGISTRAR'S SIGNATURE: C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE: Walthem Funeral Service — ADDRESS: Parma Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 25 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

## 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 Raymond L. Duffie
Licensed Embalmer No. 4798
P. O. Address Dexter

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.