

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5711**

FILED FEB 16 1952

1610

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

BIRTH NO. _____		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 4316		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria		06109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) No.			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Ann c. (Last) Parry			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1952				
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 4, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 11	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? 4 mi. N. of New Cambria, Mo. U.S.	
13a. FATHER'S NAME Thomas Parry		13b. MOTHER'S MAIDEN NAME Elizabeth Hayward		14. NAME OF HUSBAND OR WIFE Never married.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Jones, New Cambria			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		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) _____	
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 Jan 13, 1952 , to Jan 15, 1952 , that I last saw the deceased alive on Jan 15, 1952 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS New Cambria Mo		23c. DATE SIGNED Jan 16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 18, 1952		24c. NAME OF CEMETERY OR CREMATORY New Cambria		24d. LOCATION (City, town, or county) (State) New Cambria, Mo.	
DATE REC'D BY LOCAL REG. 2-7-52		REGISTRAR'S SIGNATURE Josephine King		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. P. Kelleland New Cambria Mo			

RECEIVED 2.14.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 2.52.36
Date Filed 2.15.52

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 *H. J. Gilliland*

Licensed Embalmer No. 4019

P. O. Address *West Peachtree Ma*

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.