

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25740**

FILED AUG 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 171

6720

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Parma		c. CITY (If outside corporate limits, write RURAL and give township) Parma	
c. LENGTH OF STAY (in this place) 70 yrs		d. STREET ADDRESS (If rural, give location) 0720	
d. TOWN Parma		e. ADDRESS 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Sadie b. (Middle) Tankersley c. (Last) Crites			4. DATE OF DEATH (Month) (Day) (Year) July 26 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Mar. 26 1875		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Burfordsville Mo;			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Thomas B. Tankersley		13b. MOTHER'S MAIDEN NAME Mary Ann McGraw		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Alta Lucy Parma Mo;	
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) Cardiac Insuff.			INTERVAL BETWEEN ONSET AND DEATH
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) 4222	
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 April 2, 1953 to July 26, 1953 that I last saw the deceased alive on July 24, 1953, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Geo. W. Husted		23b. ADDRESS Parma Mo		23c. DATE SIGNED Aug 3/53	
---	--	---------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 28 1953		24c. NAME OF CEMETERY OR CREMATORY Slaybough Myers		24d. LOCATION (City, town, or county) (State) Luteville MO.	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 8/3/53		REGISTRAR'S SIGNATURE Dr. Geo. W. Husted MD		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.		ADDRESS Parma Mo.	
---	--	---	--	---	--	-----------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Irwin Ave

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.