No. 300
10.48

Dr. Bartlett
FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43804

BIRTH NO. _____ REG. DIST. NO. 27 V PRIMARY REG. DIST. NO. 5907 Registrar's No. 66

0780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cooter twp
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele 0780
d. STREET ADDRESS (If rural, give location): Route 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Bell
c. (Last): Parham

4. DATE OF DEATH (Month) (Day) (Year): 12-24-53

5. SEX: F 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-18-1900
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 3, Days 5 — 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:
11. BIRTHPLACE (State or foreign country): Tyersburg Tenn 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Monroe Reed
13b. MOTHER'S MAIDEN NAME: Linda Reynolds
14. NAME OF HUSBAND OR WIFE: M. L. Parham

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.:
17. INFORMANT'S SIGNATURE OR NAME: M. L. Parham — ADDRESS: Steele Rt 1

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): Coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — Several yrs.
DUE TO (c): Hypertension — Several yrs.

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) 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* 11-14, 1953, *to* 12-23, 1953, *that I last saw the deceased alive on* 12-23, 1953, *and that death occurred at* 4:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Bartlett D.O. 2
23b. ADDRESS: Steele, Mo.
23c. DATE SIGNED: 29 Dec. 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-25-53
24c. NAME OF CEMETERY OR CREMATORY: # 8
24d. LOCATION (City, town, or county) (State): Cooter Mo

DATE REC'D BY LOCAL REG.: 12/30-53
REGISTRAR'S SIGNATURE: S. L. R. Pomeroy 249-0
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Undt Co. — ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

12-413-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 31 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John H. Herman

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.