No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37476

Registration District No. 243 Primary Registration District No. 3047 Registrar's No. 100

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

3
3
2

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 339 St. Johns St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 5
(If outside city or town limits, write "RURAL")

(d) Street No. 339 St. Johns St. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LYDA DOUTHARD PARNELL

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-07-4853

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LESLIE PARNELL

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased MARCH (Month) 28 (Day) 1891 (Year)

8. AGE: Years 57 Months 7 Days 13 If less than one day hr. min.

9. Birthplace NEWTON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED BUSINESS MGR.

11. Industry or business SW BELL TELEPHONE CO.

FATHER
12. Name PETER TILTON
13. Birthplace BOLIVAR (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ELLA STAMPS
15. Birthplace (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant Leslie Parnell
(b) Address 339 St. John Neosho Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation DIAMOND Mo.

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.

19. (a) Nov. 13, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 11 year 1948 hour 7:20 minute a. M.

21. I hereby certify that I attended the deceased from Nov 1947, 19__, to Nov 11, 1948 that I last saw her alive on Nov 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma involving Pelvic bones & thigh & lower vertebra, metastasis	Brest 2 years.
Due to from left breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R L Lawson (M. D. or [redacted])

Address Neosho Mo Date signed 11/13/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1949
MAR 27 1950
RECEIVED
District Health Officer No. Newton Health Unit
Distric. File Number 1148-417
Date Filed 11-16-48

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 Rollie Kissel, Registered Apprentice No. 228, working under my personal supervision.

Signed Corley Thompson

Licensed Embalmer No. 3254

P. O. Address Neosho 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.