

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16465

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>	
c. LENGTH OF STAY (In this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>135 E. Pleasant Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICKA</u> b. (Middle) <u>GRASSELLI</u> c. (Last) <u>PARMERLEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 30 1949</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>8/29/1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>1</u>	IF UNDER 1 MIN. Hours <u>1</u>	IF UNDER 1 MIN. Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Flint Ridge, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Albert A Grasselli</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Hass</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Parmerlee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Griffith</u>	ADDRESS <u>McPherson, Kans.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo 4 3/4</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of cancer</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151K</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 <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 2-25, 1948, to 5/30/49, 1949, that I last saw the deceased alive on 5/29/49, 1949, and that death occurred at 1:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Emelita M. S.</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>5/30/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eureka, Kans</u>	24d. LOCATION (City, town, or county) (State) <u>Eureka, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-31-49</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe H. King</u>	ADDRESS <u>Aurora, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 6,

District File Number 649-651

Date Filed 6-9-49

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 George E. Bennett

Licensed Embalmer No. 4598

P. O. Address Aurora 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.