

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

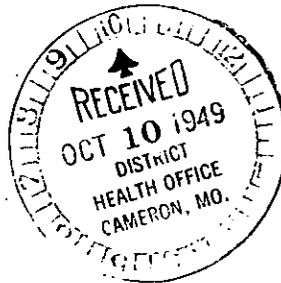
State File No. 29867

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		50	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Monroe Rest Home				d. STREET ADDRESS (If rural, give location) 1 D			
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ellen c. (Last) Parton			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 22 1860	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 0 Days 11		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work and the duration of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Livingston Co. Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Met Tie			13b. MOTHER'S MAIDEN NAME Delia Hicks		14. NAME OF HUSBAND OR WIFE Jeff Parton		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) Acute Myocarditis							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) Arteriosclerosis							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221							
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)			
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 Sept 20, 1949, to Oct 3, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul C. Muehlmaier, M.D.				23b. ADDRESS Stanberry, Mo.		23c. DATE SIGNED Oct 3 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-7-49		24c. NAME OF CEMETERY OR CREMATORY Grandview		24d. LOCATION (City, town, or county) (State) Albany Mo.	
DATE REC'D BY LOCAL REG. Oct 5-49		REGISTRAR'S SIGNATURE Mrs. Edith Childs		25. FUNERAL DIRECTOR'S SIGNATURE Albany Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48



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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. H. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

Signed _____
Student Embalmer

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.