

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30036

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Lebanon Road</u> <u>Howard County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Richmond)</u> township) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Richmond)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Road</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. 3 Fayette</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Parmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never Married</u>	8. DATE OF BIRTH <u>June 2, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Months) (Days) <u>65</u> IF UNDER 1 YEAR <u>5</u> Months <u>19</u> Days <u>19</u> IF UNDER 12 HRS. <u>Min.</u>
11a. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles Anderson Parmer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Level</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) <u>No</u>	
16. SOCIAL SECURITY <u>491-28-9683</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bob Shepherd Fayette, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd. Degree Burns</u> ANTECEDENT CAUSES <u>Automobile Wreck</u> 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 (Specify) <u>Accident Highway</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette Howard Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 21 1949 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Truck Turned Over.</u>		22. I hereby certify that I attended the deceased from <u>9-21</u> , 19 <u>49</u> , to <u>9-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Belmont</u> (Degree or title)		23b. ADDRESS <u>Fayette Mo</u>	
23c. DATE SIGNED <u>9-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Fayette City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A Carr Fayette, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-24-49</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell deputy</u>	

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

RECEIVED SEP 27  
District Health Officer No.

District File Number \_\_\_\_\_

Date Filed 9-28-49

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 <sup>No. 1.</sup> \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Ralph A. Carr*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.