

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38270**  
Registrar's No. **54**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410**

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

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>ST. JAMES, Mo.</b>	c. LENGTH OF STAY (in this place) <b>4 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty Twp. (Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Federal Soldiers' Home</b>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>JULIA</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>PARMELEY</b>	(Month) <b>Nov.</b>	(Day) <b>5</b>	(Year) <b>1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 7, 1864</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Undine Mo. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Metcalf</b>	13b. MOTHER'S MAIDEN NAME <b>MARY SALTSMAN</b>	14. NAME OF HUSBAND OR WIFE <b>LANE PARMELEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elmer Snelson</b> ADDRESS <b>Potosi, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Thymicase</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.		<b>157X</b>	

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 **Aug 15, 1949**, to **Nov. 4, 1949**, that I last saw the deceased alive on **Nov. 4, 1949**, and that death occurred at **7:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James L. Britts M.D. V. Lt.</b>	23b. ADDRESS <b>James M. Davis</b>	23c. DATE SIGNED <b>Nov. 8, 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 7, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Metcalf Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Anthony's Mill, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer Funeral Home</b> ADDRESS <b>Potosi, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov. 12, 49</b>	REGISTRAR'S SIGNATURE <b>Cornelia Birmingham</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyer Funeral Home</b> ADDRESS <b>Potosi, Mo.</b>

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 11-15-49

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.

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

Signed Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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.