

FILED SEP 11 1950  
157110 101 NTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26484

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 102	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Dunklin		b. CITY (If outside corporate limits, write RURAL and give township) Kennett		a. STATE Mo.		b. COUNTY Dunklin	
c. LENGTH OF STAY (In this place) 17 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kennett		d. STREET ADDRESS 708 South Everett st.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) James	b. (Middle) William	c. (Last) Parmer	8-	28-	50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 5-1872		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Clay County Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Parmer		13b. MOTHER'S MAIDEN NAME Georgiana Preston		14. NAME OF HUSBAND OR WIFE Sally Parmer			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlie Parmer Hamilton Ala. Rt. 4			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				1 wk	
		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.				834x	
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 8-22, 1950 to 8-28, 1950 that I last saw the deceased alive on 8-27, 1950, and that death occurred at 3:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul Baldwin M.D.				23b. ADDRESS Kennett Mo		23c. DATE SIGNED 8-30-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-50	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett Mo.		
DATE REC'D BY LOCAL REG. 9-1-1950		REGISTRAR'S SIGNATURE Carl Hubbard		25. FUNERAL DIRECTOR'S SIGNATURE Lenty Derice		ADDRESS Kennett Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-5-50

COUNTY FILE NUMBER 950-250

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**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 Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett, 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.