

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2352**

730
3

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

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5844</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Ottawa Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyanadotte 8352</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R#T, 2 mi E. of Seneca</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. W. of Seneca, Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Dale</u> c. (Last) <u>Parmley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb. 12, 1950</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Johnnie Parmley</u>			13b. MOTHER'S MAIDEN NAME <u>June Young</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Johnnie Parmley Wyanadotte, Ok</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>483x</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>W</u>				
22. I hereby certify that I attended the deceased from <u>Jan 16, 1953</u> , to <u>Jan 17, 1953</u> , that I last saw the deceased alive on <u>Jan 13, 1953</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>M S Mendenhall D.O.</u>				23b. ADDRESS <u>Seneca, Mo</u>		23c. DATE SIGNED <u>1-17-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-17-53</u>		REGISTRAR'S SIGNATURE <u>L. Biddlecome</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W E Biddlecome</u>		ADDRESS <u>Seneca, Mo.</u>		

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 153-10

Date Filed 1-20-53

NEOSHO, MISSOURI

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 W E Bellcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.