

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14881

State File No.

FILED APR 27 1953

Registrar's No. 11

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 565L

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller R. R. # 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. 1, Miller, Missouri	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 63ack trop	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		4. DATE OF DEATH (Month) (Day) (Year) April 16, 1953	
3. NAME OF DECEASED (Type or Print) a. (First) FERDIE		b. (Middle) OTIS	
c. (Last) PARNELL		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH March 9, 1908		9. AGE (In years last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Dade County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Parnell		13b. MOTHER'S MAIDEN NAME Lydia Likins	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leroy Parnell R. R. 1 Miller, Mo.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia 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. Heart disease, etiology unknown		INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X	
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)		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 <u>apr. 15, 1953</u> , to <u>apr. 16, 1953</u> , that I last saw the deceased alive on <u>apr. 16, 1953</u> , and that death occurred at <u>9:45A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE Clifford H. Innes, M.D. (Degree or title)		23b. ADDRESS Miller, Missouri	
23c. DATE SIGNED apr. 20, 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-19-53		24c. NAME OF CEMETERY OR CREMATORY Pennshoro Cemetery	
24d. LOCATION (City, town, or county) (State) 60 Greenfield, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Samuel Ash Grove, Mo.	
DATE REC'D BY LOCAL REG. 4-16-53		REGISTRAR'S SIGNATURE W. S. Beckney	

MAY 13 1936

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 _____

Doyle L. Van

Licensed Embalmer No. *4702*

P. O. Address *Adh. Iowa.*

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.