

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17716**

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **481-A**

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission.) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Ash Grove 1390	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EMORY b. (Middle) ROY c. (Last) PARNELL			4. DATE OF DEATH (Month) (Day) (Year) May 19 - 1953		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 29 - 1901		9. AGE (In years last birthday) 51		10. FINGER 1 YEAR OF UNDER 18 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant owner		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) DADE COUNTY - Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jim W. PARNELL		13b. MOTHER'S MAIDEN NAME Bessie Ponderster	
14. NAME OF HUSBAND OR WIFE Opha Parnell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-07-051	
17. INFORMANT'S SIGNATURE OR NAME Opha Parnell		18. ADDRESS Ash Grove - Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Yr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma left nasal antrum		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.	
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) 160X	
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 **7-21, 1952**, to **5-19, 1953**, that I last saw the deceased alive on **5-19, 1953**, and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. M. K. Lingner M.D.		23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 5-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 22 - 1953		24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery, Ash Grove - Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Edith Williamson Register		ADDRESS Brim - Daniel Ash Grove - Mo.	
DATE REC'D BY LOCAL REG. 5-22-53		REGISTRAR'S SIGNATURE			

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EXPIRES 11 10 1954

JUN 1 1954

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

Gayle L. Daniehl

Licensed Embalmer No. _____

4202
Ark Grove

P. O. Address _____

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.