

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21081

State File No.

FILED JUL 7 - 1953

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5299 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>CLINTON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. LENGTH OF STAY (in this place) <u>72 yr.</u>	c. CITY OR TOWN <u>LATHROP</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION.			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>PARMAN</u>	c. (Last) <u>PARMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12-1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-6-1881</u>	9. AGE (in years last birthday) Months Days <u>72 4 6</u>	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer + Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming + Building</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lathrop Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Jesse Parman</u>		13b. MOTHER'S MAIDEN NAME <u>Luzania Pendleton</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Parman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Florence Parman Lathrop Mo</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>6-8 hours</u> <u>year</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>				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 <u>6-12</u> , 19 <u>53</u> , to <u>6-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>53</u> , and that death occurred at <u>9:35</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Eugene B. Robinson, M.D., Excelsior Springs, Mo.</u>			23b. ADDRESS	23c. DATE SIGNED <u>6/12/53</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-2-53</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Miss Frank Cameron</u>	ADDRESS <u>Mo</u>	

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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.....
Signature of Student Embalmer

Signed *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Lathrop, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.