

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 977

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lumpkin</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Holt town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns</u>		d. STREET ADDRESS (If rural, give location) <u>0551</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phond</u> b. (Middle) <u>Elberta</u> c. (Last) <u>Parnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>12-6-1880</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>	
11. BIRTHPLACE (State or foreign country) <u>Dade Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. IF UNDER 18 Hrs. Hours <u></u> Min. <u></u>	

13a. FATHER'S NAME <u>John Albert Smalk</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Compton</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Parnell</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Parnell</u> ADDRESS <u>Holt town Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH, <u>30 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis Rt femoral vein</u>		<u>20 yrs</u>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis Rt lung</u>		<u>6 yrs</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input checked="" 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) _____		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 1-11, 1954, to 1-14, 1954, that I last saw the deceased alive on 1-14, 1954, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred R. Farthing M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holt town</u>	
24d. LOCATION (City, town, or county) (State) <u>S. of Holt town Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris-Lemmon Miller Mo.</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>1-18-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

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

FILE

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 _____

E. P. Lemmon

Licensed Embalmer No. 3297

P. O. Address Miller 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.