

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16589

State File No. _____

0600

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

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>MacDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MacDonald</u>	
b. CITY OR TOWN <u>Anderson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED a. (First) <u>FLORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>PARMAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 30 - 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-9-1975</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> Hours <u>✓</u> Mins. <u>✓</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stella, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Curtis</u>		13b. MOTHER'S MAIDEN NAME <u>Ellice Staley</u>	
14. NAME OF HUSBAND OR WIFE <u>Jerry 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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry H. Parman</u> ADDRESS <u>Stella, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	
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)		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>8/15/54</u> to <u>4/30/54</u> , that I last saw the deceased alive on <u>4/29/54</u> , 19 <u>54</u> , and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. D. D.</u> (Degree or title)		23b. ADDRESS <u>Anderson Mo</u>	
23c. DATE SIGNED <u>5/1/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cusley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RE. Chatham</u> ADDRESS <u>no.</u>	
DATE REC'D BY LOCAL REG. <u>5-2-54</u>		REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u>	

MAY 18 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 me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.