FILED MAY 27 1955

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17208

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1061

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jennings
c. LENGTH OF STAY (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5760 Jennings Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jennings 7148
d. STREET ADDRESS (If rural, give location): 5760 Jennings Road

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Thomas
c. (Last): Parmley

4. DATE OF DEATH (Month) (Day) (Year): May 7 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 22 1903
9. AGE (In years last birthday): 52 — If under 1 year: Months 2 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: unk
11. BIRTHPLACE (City and State or Foreign Country): Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alfred Parmley
13b. MOTHER'S MAIDEN NAME: Lucy Boyer
14. NAME OF HUSBAND OR WIFE: Genevieve Parmley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Harry Parmley — ADDRESS: St. Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphosarcoma

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: 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
2001
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/28, 1955, *to* 4/29, 1955, *that I last saw the deceased alive on* 4/29, 1955, *and that death occurred at* 3:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John N. Dunn M.D.
23b. ADDRESS 5/7/55 De Paul Hosp. St. Lo.
23c. DATE SIGNED: 5/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify): [redacted]
24b. DATE: 5-10-55
24c. NAME OF CEMETERY OR CREMATORY: Potosi Masonic Cem.
24d. LOCATION (City, town, or county) (State): Potosi Mo.

DATE REC'D BY LOCAL REG.: 5/10/55
REGISTRAR'S SIGNATURE: Herbert B. Danke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. Luther Sparks — ADDRESS: Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Flat River, 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.