

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30083**

BIRTH NO. _____		REG. DIST. NO. 392		PRIMARY REG. DIST. NO. 5699		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Pierce Twns.)		c. LENGTH OF STAY (In this place) 26 Yrs.		c. CITY OR TOWN Monett		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monett, Mo. Route #1				f. STREET ADDRESS (If rural, give location) Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) Alcy b. (Middle) Emaline c. (Last) Parmalee			4. DATE OF DEATH (Month) (Day) (Year) 9 11 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 18, 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Chiropractor		11. BIRTHPLACE (City and State or Foreign Country) Hubbard, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James J. Hubbard			13b. MOTHER'S MAIDEN NAME Adaline McCormack		14. NAME OF HUSBAND OR WIFE William P. Parmalee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles M. Folks, Monett, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 5 yrs 15-4-5
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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 Jan 1940 to 9-11-55 , that I last saw the deceased alive on 9-10-55 , and that death occurred at 2:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Franklin M.D.				23b. ADDRESS Monett Mo		23c. DATE SIGNED 9-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-13-55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Monett, Mo.		
DATE REC'D BY LOCAL REG. 9/13 55		REGISTRAR'S SIGNATURE John D. Davis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mercer Funeral Home, Monett, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Roy H. Mercer*.....

Licensed Embalmer No. *448*.....

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