

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26368

State File No. ....

5, No. 300  
V. 10-48

FILED SEP 4 1956 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>LINN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural School TOWNS.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Cedar Rapids</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway U.S. 69</b>		e. STREET ADDRESS (If rural, give location) <b>§140 §</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNON</b> b. (Middle) <b>BRADLEY</b> c. (Last) <b>PARMATER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG - 24 - 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>MAR 20, 1934</b>		9. AGE (In years last birthday) <b>22</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Expidator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Radio</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>VINTON, IOWA.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>CLIFFORD E. PARMATER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH H. ROSS</b>		14. NAME OF HUSBAND OR WIFE <b>GERALDINE PARMATER</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wgt or dates of service) <b>Yes MARINES</b>		16. SOCIAL SECURITY NO. <b>480-34-0130</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clifford E. Parmater</b>	
				ADDRESS <b>VINTON, IOWA.</b>	

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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accident - Vehicle</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Collision passenger car with truck. (No driver of car which was struck by truck)</b>					
		DUE TO (c) <b>Skull fracture; Hemorrhage</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway U.S. 69</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>School Township, Clinton, Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>AUG 24, 1956 10:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Truck struck passenger car</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. D. Templeman D.O.</b> <b>Coroner Clinton County</b>		23b. ADDRESS <b>Cameron, Mo</b>		23c. DATE SIGNED <b>8-25-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug 25-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>VINTON, IOWA.</b>	
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DATE REC'D BY LOCAL REG. <b>8-30-56</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>De Moss CRINK</b>		ADDRESS <b>CAMERON, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 19 1957

FEB 19 1957

FEB 19 1957

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.....  
*[Handwritten Signature]*

Licensed Embalmer No. 2533

P. O. Address Cameron

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.