

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14078

State File No. ....

FILED MAY 6 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greene TWP.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN <u>Anderson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0600</u>			

3. NAME OF DECEASED (Type or Print) <u>LAURA LUDORA</u>	a. (First)	b. (Middle) <u>PARMAIN</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4 17 1957</u>
---	------------	----------------------------	-----------	--

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wn</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-3-1875</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <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>Indian Spgs. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>Wash Beekers</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mills</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Parmain</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Parmain</u>	ADDRESS <u>Bellevue Spgs. Mo.</u>
---	-------------------------------------	--	-----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</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) <u>Arteriosclerosis</u>		
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"/>
------------------------------	--	--

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) <u>331X</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from 4-1-, 1957, to 4-17, 1957, that I last saw the deceased alive on 4-16, 1957, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin C. Cullough</u>	(Degree or title) <u>DO</u>	23b. ADDRESS <u>4420 W. Sherman St. Greer, Mo.</u>	23c. DATE SIGNED <u>4/26/57</u>
--	-----------------------------	--	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-21-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-29-57</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.E. Cheatham</u>	ADDRESS <u>Anderson, Mo.</u>
---	---	---	------------------------------

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

220

RECEIVED

District Health Officer No. *Newton*

District File Number *557-104*

Date Filed *MAY 4 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 *me* Student Embalmer No. *✓* working under my personal supervision..

Student *✓*  
Signature of Student Embalmer

Signed *R. E. Cheatham*

Licensed Embalmer No. *3813*

P. O. Address *Anderson*

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.