

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013794  
State File No. ....

FILED MAY 6 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 203

0380

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

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Albany</b>		c. CITY OR TOWN <b>Albany</b> c. LENGTH OF STAY (in this place) <b>3 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, 708 E. Howell St.</b>		e. STREET ADDRESS (If rural, give location) <b>708 E. Howell St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Bessie</b> c. (Last) <b>Parman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 30 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July, 19, 1885</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Harrison Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Cornelius Ebersole</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Ralph</b>	
14. NAME OF HUSBAND OR WIFE <b>George L. Parman (deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>495-42-5855</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Garvin Parman</b> ADDRESS <b>Bethany, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>Two weeks.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>✓</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	
20. AUTOPSY? <b>2</b> 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) <b>331X</b>	
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 <b>12/4</b> , 19 <b>57</b> , to <b>2/26</b> , 19 <b>58</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. H. Moore M.D.</b>		23b. ADDRESS <b>Albany Mo</b>	
23c. DATE SIGNED <b>5/1/58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>May, 2, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lone Star</b>	
24d. LOCATION (City, town, or county) (State) <b>Gentry Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Noble &amp; Son</b> ADDRESS <b>New Hampton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-2-58</b>		REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

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MAY 16 1958

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 W. G. Noble.....

Licensed Embalmer No: 2904

P. O. Address New Hampton

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.