

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020408
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 217 Primary Registration District No. 544 Registrar's No. 1412

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood 22, 4597
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirkwood Mo.		Length of stay in lb 80 days	d. STREET ADDRESS (If outside, give location) 404 Lee Ave.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) DIANNA LYNN PARMENTER			4. DATE OF DEATH Month May Day 25 Year 1958		
First	Middle		Last		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Kirkwood, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Donald Parmenter	13b. MOTHER'S MAIDEN NAME Leila Dickens	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Donald Parmenter-404 Lee Ave.	Address Kirkwood, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchitis	1 week
	DUE TO (c) Viris Infection 501X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 7:10 p.m. Month, Day, Year 5/25/58
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kirkwood 22, Mo.	COUNTY Missouri	STATE
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21. I attended the deceased from May 21, 1958 to 5/25/58 and last saw her alive on 5/25/58 Death occurred at 7:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hollie R. Phinberger D.O.	22b. ADDRESS 854 N. Kirkwood Rd., Kirkwood 22, Mo.	22c. DATE SIGNED 5/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri
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24. FUNERAL DIRECTOR Pfzinger Mort. Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 5/26/58	26. REGISTRAR'S SIGNATURE Herbert R. Donkey
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Dan E. H. Linn

Licensed Embalmer No. 36

P. O. Address

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.