

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006090

State File No.

FILED MAR 11 1959

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbus</u> 8156	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>222 N. Kans.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NONA</u>		b. (Middle) <u>LOUISE</u>	
c. (Last) <u>PARMELE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 28, 1892</u>
9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>5</u>	11. DAYS <u>2</u>	12. 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>-</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Levin Bobbitt</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Forate</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Parmele</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Parmele, Columbus, Mo.</u> ADDRESS <u>-</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach with Metastosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151x</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>			
19a. DATE OF OPERATION <u>2-25-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cx of stomach with metastasis inoperable</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>3-23, 1959</u> , to <u>3-2, 1959</u> , that I last saw the deceased alive on <u>3-1, 1959</u> and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dale Alquist M.D.</u>		23b. ADDRESS <u>Baxter Springs Kansas</u>	
23c. DATE SIGNED <u>3-4-59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal March 4, 1959</u>		24b. DATE <u>March 4, 1959</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbus, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-5-59</u>		REGISTRAR'S SIGNATURE <u>Sore Merriam</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Jordan</u>		ADDRESS <u>Columbus, Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

#739

WALKER PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Steve Parker

Signed.....

Student Embalmer

Licensed Embalmer No. *25148*

P. O. Address

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.