MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026529
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0290
2 0290
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4 1
5 2
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7 0
8 0
9 592X
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12 1-2
13 1-0

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 62-40

FILED JUL 23 1962

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood Mo.
Length of stay in 1b: yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN: Lockwood MO
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 211 E 9th St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: Lou Last: Parminter

4. DATE OF DEATH: Month: July Day: 15 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan 20 1880
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months: 5 Days: 25
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (City and state or country): Dade Co Mo.
12. CITIZEN OF WHAT COUNTRY: usa

13a. FATHER'S NAME: J A Higgins
13b. MOTHER'S MAIDEN NAME: Mary Higgins
14. NAME OF HUSBAND OR WIFE: C.T.oarminter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Edgar Parminter Lockwood Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac insufficiency. — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia. — 7 days
DUE TO (c): Chronic Glomerulonephritis. — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 14, 1962 to July 15, 1962 and last saw her alive on July 14, 1962
Death occurred at 7:00a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond A. Carlson DO (Degree or title)
22b. ADDRESS: 403 Main St. Golden City Mo
22c. DATE SIGNED: 7/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 18 1962
23c. NAME OF CEMETERY OR CREMATORY: Kings Point
23d. LOCATION (City, town, or county) (State): Dade Co Mo.

24. FUNERAL DIRECTOR: Allison Funeral Home Greenfield MO.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 7/18/62
26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Mo

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.