

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5779

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp.	
c. LENGTH OF STAY (In this place) 7		d. STREET ADDRESS (If rural, give location) 2 miles N. of Bolivar	
d. FULL NAME OF HOSPITAL OR INSTITUTION? miles N. of Bolivar			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lee c. (Last) Parnell			4. DATE OF DEATH (Month) (Day) (Year) March 4 1949		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ( )		8. DATE OF BIRTH Jan. 17, 1940		9. AGE (In years last birthday) 9		10. UNDER 1 YEAR Months Days		11. ORDER & REG. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dade County, Missouri				12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Odas B. Parnell			13b. MOTHER'S MAIDEN NAME Eliza Jane Parnell			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Odas B. Parnell Bolivar, Mo.			
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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) Basal skull fracture  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) rode bicycle in to side of a moving car on highway #33 DUE TO (c) car on highway #33  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #33		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Twp. Polk Mo.	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar. 4, 1949 1:15 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? On bicycle—rode into side of car.			
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ Polk Co. Coroner			23b. ADDRESS Bolivar, Mo.			23c. DATE SIGNED Mar. 9 1949		
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Pennsboro Cem.		24d. LOCATION (City, town, or county) (State) Dade County Missouri	
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DATE REC'D BY LOCAL REG Mar. 12, 1949		REGISTRAR'S SIGNATURE Ralphy Gordon		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS per 958 Turpin Funeral Home Bolivar, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

894

**RECEIVED**  
District Health Officer No. 7,  
District File Number 2-49-234  
Date Filed 3-14-49

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Charles E. Boy

Licensed Embalmer No. 4610

P. O. Address Oscar, 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 this body is not embalmed, fact should be so stated above.