

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

36192

State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 63

1. PLACE OF DEATH

a. COUNTY Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINERAL POINT, R.I.

c. LENGTH OF STAY (In this place) 10yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL POINT, R.I.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Washington

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINERAL POINT, R.I.

d. STREET ADDRESS (If rural, give location) R1, MINERAL POINT, MO.

3. NAME OF DECEASED

a. (First) Alfred b. (Middle) Ambrose c. (Last) Parmeley.

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1951

5. SEX male **6. COLOR OR RACE** white **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married

8. DATE OF BIRTH 4-14-1875 **9. AGE** (In years last birthday) 76 IF UNDER 1 YEAR: Months 6 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general labor

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Washington County, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME VanBuren Parmeley **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Bridge Parmeley

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'S SIGNATURE OR NAME Mrs Bridge Parmeley **ADDRESS** Mineral Point, Mo

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.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Intestinal obstruction
DUE TO (c) Chronic cystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
10 days

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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) 490 X (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-1, 1951, to 10-23, 1951, that I last saw the deceased alive on 10-22, 1951, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Thurman, M.D. (Degree or title) **23b. ADDRESS** Potosi, Mo. **23c. DATE SIGNED** 10-24-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 10-25-1951 **24c. NAME OF CEMETERY OR CREMATORY** Old Masonic Cemetery **24d. LOCATION** (City, town, or county) (State) Potosi, Missouri

DATE REC'D BY LOCAL REG. 10/24/51 **REGISTRAR'S SIGNATURE** Alfred Gudall **403** **25. FUNERAL DIRECTOR'S SIGNATURE** Smith & Higginbotham **ADDRESS** F.H. Potosi.

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

RECEIVED

OCT 30 1931

WASH. COUNTY HEALTH DEPT.

No. 1207

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
Student Embalmer

Signed

Mary M. Smith

Licensed Embalmer No. *4394*

P. O. Address *Potosi, 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.