

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38095**

No. 300
10-48

FILED OCT 21 1953

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **66**

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

1. PLACE OF DEATH a. COUNTY Washington b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi c. LENGTH OF STAY (In this place) life d. FULL NAME OF HOSPITAL OR INSTITUTION _____		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 Potosi d. STREET ADDRESS _____ (If rural, give location) 1100	
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3. NAME OF DECEASED (Type or Print) Slyvester	a. (First) _____ b. (Middle) _____ c. (Last) Parmeley	4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 28	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine, Tiff Operator	10b. KIND OF BUSINESS OR INDUSTRY Tiff mine	11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hile Parmeley	13b. MOTHER'S MAIDEN NAME Martha Pucket	14. NAME OF HUSBAND OR WIFE Helen Parmeley
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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. 197-16-7210	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Helen Parmeley Potosi, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	INTERVAL BETWEEN ONSET AND DEATH 4 days
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/10, 1953, to 10/15, 1953, that I last saw the deceased alive on 10/15, 1953, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Russell	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED 10/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-1953	24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Potosi, Missouri
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DATE REC'D BY LOCAL REG. 10/19/53	REGISTRAR'S SIGNATURE Helen K. Rudall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur W. Smith Potosi, Mo
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(Licensed Embalmers' Statement on Reverse Side)

File No. _____

ASH. COUNTY HEALTH DEPT.

OCT 20 1955

RECEIVED

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.