

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 24 1954

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>4521</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Houston, No 1010</u>		d. STREET ADDRESS (If rural, give location).	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>ALBERT</u>		a. (First)		b. (Middle) <u>SAMUEL</u>		c. (Last) <u>PARMENTER</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>31</u>		(Year) <u>1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 22, 1869</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Kingston, No 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm. Parmenter</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Madge</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Donelson</u> ADDRESS <u>Houston, No.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra abdominal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of Colon</u> <u>metastases</u> DUE TO (c) <u>arteriosclerosis</u> <u>decompensated Valvulosis</u> <u>Heart disease grade III</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21H. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 2, 1954</u> , to <u>July 31, 1954</u> , that I last saw the deceased alive on <u>July 31, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. ...</u> (Degree or title)				23b. ADDRESS <u>Houston No</u>		23c. DATE SIGNED <u>8/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston No</u>	
DATE REC'D BY LOCAL REG. <u>8-21-54</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellott Funeral Home</u> ADDRESS <u>Houston</u>			

AUG 25

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 Frank E. Wood

Licensed Embalmer, No. 4026

P. O. Address Houston

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.