

FILED NOV 10 1955

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **32739**  
 3-2-1

BIRTH NO.		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>7952</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MO</u>		b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>10 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. SPRINGFIELD RD.</u>				d. STREET ADDRESS (If rural, give location) <u>W. SPRINGFIELD RD.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>GEORGE</u>	b. (Middle) <u>AUSTIN</u>	c. (Last) <u>PARDE</u>	(Month) <u>NOV.</u>	(Day) <u>2</u>	(Year) <u>1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 29, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR <u>0</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTURANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOOD</u>		11. BIRTHPLACE (State or foreign country) <u>ROSEBUD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WILLIAM PARDE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA ANN HOLT</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA MANICKE</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Parde Sullivan, Mo.</u>				ADDRESS
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						<u>2 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Coronary sclerosis</u>					<u>yes</u>
		DUE TO (c) <u>General arteriosclerosis</u>					<u>yes</u>
	II. OTHER SIGNIFICANT CONDITIONS	<u>Chronic Hypertension</u>					<u>yes</u>
	Conditions contributing to the death but not related to the disease or condition causing death.	<u>Arteritis</u>					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY?	
						YES <input type="checkbox"/>	NO <input checked="" 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	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 <u>Nov 1, 1955</u> , to <u>Nov 2, 1955</u> , that I last saw the deceased alive on <u>Nov 2, 1955</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>John J. DeBartolomeo</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>10/3/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 5, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEWSALEM BAPTIST CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ROSEBUD MO</u>			
DATE REC'D BY LOCAL REG. <u>11-2-55</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>		496		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Cramer</u>		ADDRESS <u>Sullivan, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 J. G. Humphrey.....

Licensed Embalmer No. 4772.....

P. O. Address Sullivan, Mo......

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.