SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017024
STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 11

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN — Length of stay in 1b 7 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMONT ROAD — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY FRANKLIN
c. CITY OR TOWN SULLIVAN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) ELMONT ROAD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARVIN Middle LOUIS Last PARDE
4. DATE OF DEATH Month JUNE Day 2 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JULY 13, 1905
9. AGE (last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY TRUCKING
11. BIRTHPLACE (City and state or country) ROSEBUD, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE A. PARDEE
13b. MOTHER'S MAIDEN NAME ANNA MANICKE
14. NAME OF HUSBAND OR WIFE CECIL RODERIQUE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
17. INFORMANT Address CECIL PARDE, SULLIVAN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS — YEARS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to 1961 and last saw her/him alive on FEB 7-1961
Death occurred at 1:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert M. Crawford, M.D.
22b. ADDRESS Sullivan, Mo.
22c. DATE SIGNED June 2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 4, 1961
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. MEMORIAL CEM
23d. LOCATION (City, town, or county) SULLIVAN (State) MO.
24. FUNERAL DIRECTOR H.M. EATON, ADDRESS SULLIVAN, MO.
25. DATE RECD. BY LOCAL REG. JUNE 2, 1961
26. REGISTRAR'S SIGNATURE Hanson H. Eaton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.
DOCUMENT
BY AFFIDAVIT OF
MEDICAL CERTIFICATION

JUN 7 1961

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_____
Signature of Student Embalmer

Signed Thurman W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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