

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32776

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

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>6190</u>		Registrar's No. <u>576</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Taney</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson 3</u>		c. LENGTH OF STAY (in this place) <u>8</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Highway 65</u>	
a. STATE <u>Iowa</u>		b. COUNTY <u>Des Moines</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cedar Rapids</u>		d. STREET ADDRESS (If rural, give location) <u>City 2</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Harold</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Parter</u>		Month <u>Sept</u> Day <u>24</u> Year <u>49</u>	
(Type or Print)							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>April 30 1901</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Soleman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soleman</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Rapids Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Parter</u>			13b. MOTHER'S MAIDEN NAME <u>Maria A Parter Carleton</u>			14. NAME OF HUSBAND OR WIFE <u>Carlton Parter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>none 68-05-1842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carlton Parter</u> ADDRESS <u>Cedar Rapids Iowa</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head was caught under truck when it turned over</u>			
				DUE TO (c) <u>wreck could have been caused by heart attack which he was subject to.</u>			
II. OTHER SIGNIFICANT CONDITIONS: <u>heart attack which he was subject to.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>60 32</u>			
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident Highway 65</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Branson Taney MO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY <u>Sept 24-1949 8:15 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck, turned over</u>			
22. I hereby certify that I attended the deceased from <u>Sept 24, 1949</u> , to <u>Sept 24, 1949</u> , that I last saw the deceased <u>approx 9:24 1949</u> , and that death occurred <u>at 8:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Gault</u>			23b. ADDRESS <u>Branson MO</u>			23c. DATE SIGNED <u>9-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Rapids Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Rapids Iowa</u>	
DATE REC'D BY LOCAL REG. <u>9-26-49</u>		REGISTRAR'S SIGNATURE <u>E Cogswell</u>		25 FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Wheelchel</u>		ADDRESS <u>Branson MO</u>	

RECEIVED OCT 4 1949
District Health Office No. 6,
District File Number 1049-1084
Date Filed 10-10-49

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. 338

working under my personal supervision.

Student James W. Stetson
Student Embalmer

Signed Minnie L. Wheelabel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.