

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

State File No. **29140**  
Registrar's No. **30**

FILED AUG 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **6047**

1. PLACE OF DEATH a. COUNTY <b>Westzville Mo</b> <b>St Charles 0920</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Westzville Cuivre 53 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Westzville Cuivre 0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>4 miles North East</b>	

3. NAME OF DECEASED (Type or Print) <b>Frances</b>	a. (First)	b. (Middle)	c. (Last) <b>Parr</b>	4. DATE OF DEATH <b>July 8 1952</b>	(Month) (Day) (Year)
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 16-1870</b>	9. AGE (In years last birthday) <b>82</b>	10. MONTHS <b>4</b>	11. DAYS <b>22</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.O.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home Duties</b>	11. BIRTHPLACE (State or foreign country) <b>Faint Hill Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.O.</b>
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13a. FATHER'S NAME <b>Bernard Mette</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Kadkoff</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. Parr (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Leona Parr</b>	ADDRESS <b>Westzville Mo</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **July 3, 1952** to **July 8, 1952**, that I last saw the deceased alive on **7/3**, 1952, and that death occurred at **3:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. C. Mc Murray MD</b>	(Degree or title)	23b. ADDRESS <b>Westzville Mo</b>	23c. DATE SIGNED <b>7/9/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 11-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Theodors Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Faint Hill Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/15/52</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>I. E. Pitman</b>	ADDRESS <b>Funeral Home Westzville Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed.....  
Student Embalmer

Signed *Annetta M. Pittman*

Licensed Embalmer No. *3055*

P. O. Address *Henrieville*

**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.