

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17808**

FILED JUN 9 1953
BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Harrison 0411		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Bethany		c. CITY OR TOWN Bethany 0411	
c. LENGTH OF STAY (in this place) 10 yr		d. STREET ADDRESS (If rural, give location) 109 S 20th	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Elgar b. (Middle) Tobias c. (Last) Parrott			4. DATE OF DEATH (Month) (Day) (Year) 5-29-53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-23-1884	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR: Months 1 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Holt County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Samuel Nelson Parrott	13b. MOTHER'S MAIDEN NAME Emma May Brown	14. NAME OF HUSBAND OR WIFE Lilly Maud Parrott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lilly May Parrott	ADDRESS Bethany Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestion heart failure		
	ANTECEDENT CAUSES DUE TO (b) Mutual degeneration or aneurysm DUE TO (c) Arteriosclerosis		
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	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 (Month) (Day) (Year) (Hour) (Min.)	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 **May 18, 1953** to **May 29, 1953**, that I last saw the deceased alive on **May 28, 1953**, and that death occurred at **5:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Reid (Degree or title) S.O. 2	23b. ADDRESS Bethany Mo.	23c. DATE SIGNED 5-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-1-1953	24c. NAME OF CEMETERY OR CREMATORY Coffey Masonic	24d. LOCATION (City, town, or county) (State) Coffey Mo.
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DATE REC'D BY LOCAL REG. 6-6-53	REGISTRAR'S SIGNATURE Zola Burris 116	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS Bethany Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1954

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

M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.