

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1953

State File No. 20927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIR.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>56 YRS</u>	c. CITY OR TOWN <u>CAPE GIR.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>1424 WHITENER. ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>ESSIE</u>	a. (First)	b. (Middle) <u>O.</u>	c. (Last) <u>PARROTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 19-1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>THERES, ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN DOLLMAN</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE THOMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>GRANT PARROTT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ponder A. Parrott</u>	ADDRESS <u>Cape Gir. Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Rt. Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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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) (Min.)	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 7-3, 1953, to 7-3, 1953, that I last saw the deceased alive on 7-3, 1953, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Hazel S. Hulings</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>7-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW LORIMIER</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-6-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>	ADDRESS <u>Cape Gir Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *William Lee Town*

Licensed Embalmer No. *44*

P. O. Address *Cape...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.