

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

State File No. **4419**

FILED MAR 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4166** Registrar's No. **11**

0320

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>DeKalb</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weatherby</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weatherby</b>                                       |  |
| c. LENGTH OF STAY (in this place) <b>Life</b>   |  | d. STREET ADDRESS (If rural, give location) <b>0310</b><br><b>0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home In town</b>                                   |  |   |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Allen</b> b. (Middle) <b>0</b> c. (Last) <b>Parrott</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>I - 5 54</b> |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>                 |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>            |  |
| 8. DATE OF BIRTH <b>May, 13, 1877</b>  |  | 9. AGE (in years last birthday) <b>77</b>     |   | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>    |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b> |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>                  |  |
|  |  |   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>                                       |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Austin Parrott</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Sarah Dean</b> |  | 14. NAME OF HUSBAND OR WIFE <b>None</b> |  |
|--|--|---|--|---|--|

|  |  |                                      |  |   |  |
|--|--|--------------------------------------|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>XXXXX</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Marrie Parrott</b> ADDRESS <b>Weatherby Mo</b> |  |
|--|--|--------------------------------------|--|---|--|

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension (Essential)</b><br>DUE TO (c) _____ |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>?</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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) m. |  | 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 **Jan 5, 1953**, to **Jan 5, 1954**, that I last saw the deceased alive on **Jan 5, 1954**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

|   |  |                                   |  |                                |  |
|---|--|-----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>James H. Switzer M.D.</b> |  | 23b. ADDRESS <b>Mayville, Mo.</b> |  | 23c. DATE SIGNED <b>3-3-54</b> |  |
|---|--|-----------------------------------|--|--------------------------------|--|

|   |  |                         |  |  |  |
|---|--|-------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>I-7-54</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Cope</b>                     |  |
|   |  |                         |  | 24d. LOCATION (City, town, or county) (State) <b>Weatherby Mo.</b> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <b>2-28-54</b> |  | REGISTRAR'S SIGNATURE <b>W. C. Davelos</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Jim Brown</b> ADDRESS <b>Mayville</b> |  |
|---|--|--|--|---|--|

**STATEMENT BY LICENSED EMBALMER**

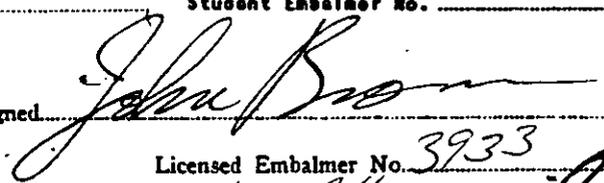
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3933

P. O. Address Waynesville, N.C.

**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.