

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5000

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 631

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>719 6128 WALTON AVENUE 3748</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>ODETTE</u>		a. (First) <u>ODETTE</u> b. (Middle) <u>PARRENT</u> c. (Last) <u>PARRENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6, 1954</u>	
5. SEX <u>1</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>NOV. 29, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>LESLIE P. CONCANNON</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE WOOD</u>	14. NAME OF HUSBAND OR WIFE <u>RAY W. PARRENT JR.</u>
-----------------------------------------------	----------------------------------------------	-------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-26-8412</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAY W. PARRENT JR.</u> ADDRESS <u>6128 WALTON AVE. KANSAS CITY, MO.</u>
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------	--------------------------------------------------------------------------------------------------------------

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) <u>Uremia</u>		DUE TO (b) <u>urteral obstruction</u>		<u>6 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Carcinoma of cervix</u>		<u>2 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>9 mo.</u>	
				<u>171X</u>	

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 Nov. 20, 1951, to 4/6/54, that I last saw the deceased alive on 4/6/54, and that death occurred at 11:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Taylor</u> (Degree or title)	23b. ADDRESS <u>1331 BRUSH STREET BLDG. KANSAS CITY, MO.</u>	23c. DATE SIGNED <u>2/8/54</u>
---------------------------------------------------------	--------------------------------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---------------------------------------------------------	-------------------------------	------------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>2-9-54</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Newcomer</u> ADDRESS <u>1331 BRUSH STREET BLDG. KANSAS CITY, MISSOURI</u>
----------------------------------------	----------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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..

Student.....
Signature of Student Embalmer

Signed.....
Rollie Kessel

Licensed Embalmer No.....
46

P. O. Address.....
K C M

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