

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Haskell</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>	c. CITY OR TOWN <u>West Plains</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Austin b. (Middle) Parrett c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) 8-15-55

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M 8. DATE OF BIRTH 2-25-1877 9. AGE (In years last birthday) 78 if UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ if UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and State or Foreign Country) Creedon Co., Mo 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edw Parrett 13b. MOTHER'S, MAIDEN NAME Catherine Dillea 14. NAME OF HUSBAND OR WIFE Edw. W. Parrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME Mrs. A. Parrett ADDRESS West Plains Mo

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, ashenia, 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>PLASMA Cell Myeloma</u>		<u>7 YRS</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) <u>203x</u>		
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  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-28 1948, to 3-27 1955, that I last saw the deceased alive on 3/27 1955 and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE A. Callahan (Degree or title) M.D. 23b. ADDRESS West Plains Mo. 23c. DATE SIGNED 8-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) B 24b. DATE 8-17-55 24c. NAME OF CEMETERY OR CREMATORY West Plains 24d. LOCATION (City, town, or county) (State) West Plains Mo

DATE REC'D BY LOCAL REG. 8-25-55 REGISTRAR'S SIGNATURE Beatrice Cook 379-22 FUNERAL DIRECTOR'S SIGNATURE Robertson ADDRESS West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *J. S. Roberts*

Licensed Embalmer No. *343*  
P. O. Address *West Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.