

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37387

State File No.

FILED NOV 30 1955

392

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Pierce City Mo</u>		c. LENGTH OF STAY (In this place) <u>6 years</u>		c. CITY OR TOWN <u>Pierce City</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>Elm St. Pierce City</u>				e. STREET ADDRESS (If rural, give location) <u>Elm St 2550</u>			
3. NAME OF DECEASED a. (First) <u>ORIE</u> b. (Middle) <u>WATTS</u> c. (Last) <u>PARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 17, 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-21-1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Weston Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>P. W. B. Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Henry E. Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Parr</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Spatriade Parr White</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					<u>4 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>					<u>6 yrs</u>
		DUE TO (c) <u>Arteriosclerosis</u>					<u>20 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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)		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 <u>Dec 17, 1952</u> to <u>Nov 17, 1955</u> , that I last saw the deceased alive on <u>Nov 17, 1955</u> , and that death occurred at <u>7:48 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, MD</u>				23b. ADDRESS <u>Pierce City, Mo</u>		23c. DATE SIGNED <u>11-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pike Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-22</u>		REGISTRAR'S SIGNATURE <u>John Porter 467</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Bros Pierce City</u>			

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

958
JAN 9 6 AM

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 Edwin P. Wilks....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. H.....

P. O. Address Percy St.....

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.