

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

330

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). .. a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>11 Yrs</u>		c. CITY OR TOWN <u>St. Joseph</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>2606 Mary Street</u>				e. STREET ADDRESS (If rural, give location) <u>2606 Mary Street</u> 01170				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>Gwendolo</u> c. (Last) <u>Parr</u>			4. DATE OF DEATH <u>January 16th 1956</u> (Month) (Day) (Year)					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 15th 1906</u>		
9. AGE (In years last birthday) <u>49 Yrs</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MINS. Mins.		
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 <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stewartsville, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank A. Sprague</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Everett Parr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Everett Parr, 2606 Mary Street,</u> City, ADDRESS				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</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. 345x					INTERVAL BETWEEN ONSET AND DEATH <u>12 1/2</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)		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>June, 1955</u> , to <u>1-16, 1956</u> , that I last saw the deceased alive on <u>1-10, 1956</u> , and that death occurred at <u>9:25 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clement C. ...</u>				23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>1-17-56</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>(Removal)</u>		24b. DATE <u>Jan. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 18, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u> 485-g		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendell ...</u> ADDRESS <u>St. Joseph, Mo.</u>				

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

JAN 26 1958

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 *Raymond M. Hersh*.....

Licensed Embalmer No....4413....

P. O. Address...St. Joseph, Mo.

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.