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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 11 1957

STANDARD CERTIFICATE OF DEATH

32330

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Buckner Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Buckner Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION his home Length of stay in 1b 3 years		d. STREET ADDRESS (If outside, give location) Central St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harry J. Middle Parrett Last 			4. DATE OF DEATH Month September Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 24, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer (self-employed)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Mediapolis, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Caleb Harper Parrett		14. MOTHER'S MAIDEN NAME Miriam Cartwright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXX		16. SOCIAL SECURITY NO. 504-14-8197	
17. INFORMANT Mrs. Ann Parrett, Buckner, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) arterio sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan 7, 1957 to Sept 28 and last saw ^{her} _{him} alive on Sept 28 Death occurred at 5:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L. Neesler D.O. (Degree or title)		22b. ADDRESS Buckner, Mo	
22c. DATE SIGNED 9-30-57			
23a. BURIAL, CREMATION, REMOVAL, SP. (S) burial	23b. DATE Oct. 1, 1957	23c. NAME OF CEMETERY OR CREMATORY Bunceton Cemetery	23d. LOCATION (City, town, or county) (State) Bunceton, Mo.
24. FUNERAL DIRECTOR Hazel H. Peppert ADDRESS Buckner, Missouri		25. DATE RECD. BY LOCAL REG. 10-1-57	25. REGISTRAR'S SIGNATURE Rene L. Gray

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1957

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 *Ralph Jones*

Licensed Embalmer No. 46

P. O. Address *Odesa*

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