

FILED JAN 6 1958

STANDARD CERTIFICATE OF DEATH

45174

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parma</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lilbourn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Monroe</u> Middle <u>Parrott</u> Last <u>Parrott</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 25, 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>9</u> Days <u>20</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Parma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</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.	17. INFORMANT <u>Mary E. Parrott-Lilbourn, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)	
					DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (if any)					19: WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>						
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 <u>Lilbourn, Mo.</u>		COUNTY <u>New Madrid</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>9-1-57</u> to <u>12-15-57</u> and last saw him alive on <u>12-15-57</u> Death occurred at <u>1</u> p. <u></u> m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Dr. Claud H. Shastin M.D.</u>			22b. ADDRESS <u>Lilbourn, Mo.</u>		22c. DATE SIGNED <u>12-18-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 22, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>			
24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u>		ADDRESS: <u>12/19/57</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Husted, M.D.</u>		

DATE RECEIVED DEC 24 1957  
NEW MADRID CO. HEALTH CENTER

JAN 29 1958

*P. J. S.*

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 *Harold H. Ponder*

Licensed Embalmer No. *503*

P. O. Address *Lillmoore, Pa.*

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.