

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025723

STATE FILE NUMBER

3315

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3315

~~FILED JUL 25 1958~~

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3740 McGee Length of stay in lb 16 years

d. STREET ADDRESS (If outside, give location) 3948 CENTRAL Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
MARY FLORENCE PARLETT

4. DATE OF DEATH Month Day Year
July 3, 1958

5. SEX FEMALE 6. COLOR OR RACE Cauc. 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 8. DATE OF BIRTH July 6, 1869 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Laclede County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hill 13b. MOTHER'S MAIDEN NAME Louisa Dennis 14. NAME OF HUSBAND OR WIFE EVERT S PARLETT (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address Orville F. Parlett 3948 Central

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized atherosclerosis
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spiral fracture of right femur June 1 '58 (bed fast)

INTERVAL BETWEEN ONSET AND DEATH 3 hrs
years
4201 F

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. 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 NOT WHILE AT WORK 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 June 1 '58 to July 3 '58 and last saw her alive on June 27 '58
Death occurred at 6:39 pm 7-3-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dee or title) Raymond W O'Brien M.D. 22b. ADDRESS 4620 J.P. Nichols Pkwy KC, Mo 22c. DATE SIGNED 7-4-58

23a. BURIAL OR CREMATION (Specify) BURIAL 23b. DATE July 6, 1958 23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery 23d. LOCATION (City, town, or county) (State) Lebanon, Missouri

24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Transit 25. DATE RECD. BY LOCAL REG. 7-5-58 26. REGISTRAR'S SIGNATURE Reva Marshall

All diseases in Part I must be causally related.

Raymond W. O'Brien
MEDICAL CERTIFICATION
TYPEWRITE IF POSSIBLE
OR RIBBON

Mr. D'Piscia
3701 W. 63rd

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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 *[Signature]*

Licensed Embalmer No. *4997*
P. O. Address *[Address]*

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.