

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018401
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MACON</u>	
b. CITY OR TOWN <u>MACON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bevier</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SANBRI794</u>		Length of stay in lb <u>1 WK</u>	d. STREET ADDRESS <u>06</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>G</u> Last <u>PARRY</u>			4. DATE OF DEATH Month <u>5</u> Day <u>28</u> Year <u>59</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>4-9-76</u>	9. AGE (In years last birthday) <u>83</u>	FUNDER 1 YEAR Months <u>4</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>So Wales</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John PARRY</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>JENNIE PARRY</u>
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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>—</u>	17. INFORMANT <u>Jennie Pary</u> Address <u>Bevier</u>
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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>congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>bronchial pneumonia</u>	<u>3 days</u>
	DUE TO (c) <u>low back injury received in fall 9040</u>	<u>10 days</u>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>patient fell at home</u>
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20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>5-18-59</u> a.m. <u>—</u> p.m. <u>—</u>

20d. INJURY OCCURRED WHILE AT <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.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>Bevier</u> COUNTY <u>MACON</u> STATE <u>MISSOURI</u>
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21. I attended the deceased from 5-18-59 to 5-28-59 and last saw her alive on 5-28-59
Death occurred at 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Cubrey L. Durdan, M.D.</u> (Degree or title)	22b. ADDRESS <u>Macon, Missouri</u>	22c. DATE SIGNED <u>6-5-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-31-59</u>	23b. DATE <u>5-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EAST OAKWOOD PEN</u>	23d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>
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24. FUNERAL DIRECTOR <u>W. B. Edwards</u> ADDRESS <u>Bevier</u>	25. DATE RECD. BY LOCAL REG. <u>6/6/59</u>	26. REGISTRAR'S SIGNATURE <u>Keith Mcneely</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed 6-10-59

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 *H. G. Edwards*

Licensed Embalmer No. *1761*
P. O. Address *Bevin 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.