

DEATH CERTIFICATE OF DEATH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1959

59-025345

3399

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 6 weeks		c. CITY OR TOWN Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 430 N. Lightburne		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Merle Middle Jane Last Parrott				4. DATE OF DEATH Month July Day 10 Year 1959					
5. SEX female	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 9-8-91	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	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) Cowgill, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John H. Griffing			13b. MOTHER'S MAIDEN NAME Sarah Hines			14. NAME OF HUSBAND OR WIFE Henry H. Parrott			
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. 514-30-5249		17. INFORMANT Address H. H. Parrott Liberty, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis							INTERVAL BETWEEN ONSET AND DEATH 2 Mos.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Breast.							2 Mos.		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____							
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 April 1958 to July 10, 1959 and last saw her ^{her} _{him} alive on July 10, 1959 Death occurred at 12:30 ^{p.} on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R.P. Bowler M.D. (Degree or title)				22b. ADDRESS Liberty, Missouri				22c. DATE SIGNED 7/11/59	
23a. BURIAL CREMATION, (REMOVAL) (Specify) burial		23b. DATE 7-13-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Memorial Cemetery Liberty, Missouri			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR Tyler-Pasley Liberty, Missouri ADDRESS				25. DATE RECD. BY LOCAL REG. 7-11-59		26. REGISTRAR'S SIGNATURE Iva Minshall			

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION P. Bowler

APR 4 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Wesley
Licensed Embalmer No. 4308

P. O. 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.