URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-040285

STATE FILE NUMBER

IENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5458

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 52 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3634 Norledge Place — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna — Middle B. — Last Parlett
4. DATE OF DEATH: Month Nov. — Day 11, — Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Dec. 20, 1870
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John C. Sharp
13b. MOTHER'S MAIDEN NAME: Lucy Brown
14. NAME OF HUSBAND OR WIFE: George F. Parlett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: George F. Royer, 412 N. Lawn, K. C. Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ca. of Stomach — 1 yr?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene — rt lower leg.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
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 1940 to 10 Nov 59 and last saw her alive on 10 Nov 59
Death occurred at 1:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. 11 Nov 59

22a. SIGNATURE Robert M. Myers MD (Degree or title) — 22b. ADDRESS 1025 Shalle Bldg — 22c. DATE SIGNED 11-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 11-13-59 — 23c. NAME OF CEMETERY OR CREMATORY McCune Cemetery — 23d. LOCATION (City, town, or county) McCune, Kansas (State)

24. FUNERAL DIRECTOR Stine & McClure — ADDRESS Kansas City, Mo. — 25. DATE RECD. BY LOCAL REG. 11-12-59 — 26. REGISTRAR'S SIGNATURE Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Robert M. Myers

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William M. Fus

Signature of Student Embalmer

Licensed Embalmer No. 464

P. O. Address Kansas City

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