

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13064

No. 300  
10.48

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5097		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY JEFFERSON b. CITY (If outside corporate limits, write RURAL and give town) RURAL-MERAMEC c. LENGTH OF STAY (in this place) 12 DAYS d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY FRANKLIN c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PACIFIC d. STREET ADDRESS (If rural, give location) 0360 1					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BARTON c. (Last) PARRETT			4. DATE OF DEATH (Month) (Day) (Year) MAR. 29 1951						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 6/23/1870			
9. AGE (In years last birthday) 80		10. MONTHS 9		11. DAYS 6		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINE MAN			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			11. BIRTHPLACE (State or foreign country) WINDSOR, ILL.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME SHANNON PARRETT		13b. MOTHER'S MAIDEN NAME SARAH ROUSE		14. NAME OF HUSBAND OR WIFE DENNIE R. GANETT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) none			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Brother Guschal, 27. Eureka St.			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) GENERALISED ARTERIO-SCLEROSIS. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/19, 1951, to 3/26, 1951, that I last saw the deceased alive on 3/26, 1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE J. J. Marsden, M.D. (Degree or title)				23b. ADDRESS 4323 ROLAND DRIVE.			23c. DATE SIGNED 3/29/1951		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial Apr. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Sacred Cem.		24d. LOCATION (City, town, or county) (State) Pacific MO			
DATE REC'D BY LOCAL REG. 4/17/51		REGISTRAR'S SIGNATURE Ruth Jirsa 458		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. J. Shuebs Pacific Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500  
5

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 7-10-37

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*August Burns Jr.*

Licensed Embalmer No. *4338*

P. O. Address *Jefferson, 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 this body is not embalmed, fact should be so stated above.