

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38857**

State File No. \_\_\_\_\_

**5111**

**FILED DEC 6 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERTY - RURAL</u>	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. 0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>GRANT</u> b. (Middle) <u>PARFET</u> c. (Last) <u>PARFET</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>NOVEMBER 20 1952</u>		
<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>DIVORCED 3</u>	
<b>8. DATE OF BIRTH</b> <u>APRIL 27 1885</u>		<b>9. AGE</b> (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>RETIRED CLAY MINER</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		
<b>11. BIRTHPLACE</b> (State or foreign country) <u>GOLDEN, COLORADO</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		

<b>13. FATHER'S NAME</b> <u>GEORGE W. PARFET</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MATTIE BATES</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>GEORGENE PARFET</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>WILLIAM G. PARFET, GOLDEN, COLORADO</u>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke &amp; Hemorrhage resulting from severe contusion of</u>		DUPLICATE OF (b) <u>bal, crushing chest &amp;</u>					
DUPLICATE OF (c) <u>multiple rib fractures</u>		DUPLICATE OF (d) <u>multiple rib fractures</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Stuy MO</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>11-18-52</u> m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>Automobile accident (m-m-o)</u>	
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:55 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Geo. C. Keelhofer</u> (Degree or title) <u>3</u>		<b>23b. ADDRESS</b> <u>4050 Broadway Blvd</u>		<b>23c. DATE SIGNED</b> <u>11-21-52</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>		<b>24b. DATE</b> <u>Nov. 22, 1952</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	
				<b>24d. LOCATION</b> (City, town, or county) (State) <u>GOLDEN, COLORADO</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>11-22-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>O.N. Newcomer</u>	
				<b>ADDRESS</b> <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

9-12, 1-6

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 Edward M. Story

Signed .....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address R. C. 4 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.