

FILED OCT 5 1953

STANDARD CERTIFICATE OF DEATH

State File No. **32252**

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BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg

c. LENGTH OF STAY (in this place) 3 days

c. CITY OR TOWN Holden

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center Hospital

e. STREET ADDRESS (If rural, give location) R.F.D. Madison Township 0

3. NAME OF DECEASED
a. (First) Harriett Ellen b. (Middle) Parrott c. (Last) Parrott

4. DATE OF DEATH (Month) (Day) (Year) Sept 18, 1953

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH Feb 3, 1862

9. AGE (in years last birthday) 91 IF UNDER 1 YEAR Months 7 IF UNDER 12 HRS. Days 15 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (City and State or Foreign Country) State of Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph McDougal

13b. MOTHER'S MAIDEN NAME Elizabeth Johnson

14. NAME OF HUSBAND OR WIFE Franklin P. Parrott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

(If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. E. Yoder, Holden, Missouri

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, asthma, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma to head from fall out of bed
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E9020 21

20. AUTOPSY? YES NO

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) 051 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1953, to Sept. 18, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper M.D. (Degree or title)

23b. ADDRESS Warrensburg Mo

23c. DATE SIGNED 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 9/21/53

24c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery

24d. LOCATION (City, town, or county) (State) Magnolia, Missouri

DATE REC'D BY LOCAL REG. Sept. 21, 1953

REGISTRAR'S SIGNATURE Savannah Chute

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri.

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

RECEIVED
SEP 29 1953
JOHNSON COUNTY HEALTH DEPT.

OCT 5 1953

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

W. J. Canada

Licensed Embalmer No. 343

P. O. Address *Heldew...*

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.