

No. 300
10.48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3891

State File No.

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebr</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give white township township) <u>Lincoln 2 1/2 Miles East</u>		c. LENGTH OF STAY (In this place) <u>9 months</u>	c. CITY OR TOWN <u>Lincoln</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
f. STREET ADDRESS <u>82608</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>E</u> c. (Last) <u>PARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 9, 1901</u>	9. AGE (In years last birthday) <u>53</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u> IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebr /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Parshall</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Parshall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Parshall</u>	ADDRESS <u>Lincoln, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>32 min</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u>		<u>5-6 yr.</u>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Concussion of brain due to fall</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420/F</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) (m.)	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 Nebr, 19 , to Nebr, 19 , that I last saw the deceased alive on Nebr, 19 , and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Harold D. Waitkals</u>	23b. ADDRESS <u>Cole Camp</u>	23c. DATE SIGNED <u>Mar 2, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hodgman & Splain Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln, Nebr</u>
DATE REC'D BY LOCAL REG. <u>Mar 2nd 1955</u>	REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>	ADDRESS <u>Lincoln, Mo</u>

286-78-1-1

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.....
John J. Reese

Licensed Embalmer No. *409*

P. O. Address *Warsaw*

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.