. Health,
& Welfare
. Public
h Service

$. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC-11 715 427
SL 7440 FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10855

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1748

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand,St.Louis,Mo. Inside Limits Yes X No ☐	c. CITY OR TOWN Centralia 0100 Inside Limits Yes ☐ No X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Vet. Adm. Hospital Length of stay in Ib 015 days	d. STREET ADDRESS 31 Route #3 (If outside, give location) Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
RUSSELL	W.	PARROTT	FEBRUARY 19, 1957

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
0 MALE	WHITE	0	11/11/26	30		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Assembler		Martinsburg, Illinois /	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	LIZZIE PARROTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
YES	WW-2 KOREAN	491-28-0867	VA HOSP. RECORDS, ST. LOUIS, MO.

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) MULTIPLE GIANT LUNG CYSTS — INTERVAL BETWEEN ONSET AND DEATH UNK.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) LIPID HISTIOCYTOSIS
DUE TO (c) — — —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 289.0

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NONE

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 VA attended the deceased from 2/4/57, to 2/19/57 and last saw ~~XXXX~~ him alive on 2/19/57. Death occurred at 6:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D. 0

22b. ADDRESS VAH, St. Louis, Mo.

22c. DATE SIGNED 2/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-19-57

23c. NAME OF CEMETERY OR CREMATORY J. T. KAMINSKAS, M.D. Elmwood Cemetery

23d. LOCATION (City, town, or county) (State) Mexico, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington, Bld.

25. DATE RECD. BY LOCAL REG. FEB 20 '57

26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1958

STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~ ....., Student Embalmer No. .....

working under my personal supervision..

Student ..... Signed Elton H. Remelius

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address St. Louis

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