

DAMAGED

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043174  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 596  
**FILED NOV 29 1962**

VS 300  
Rev. 4/59

0499  
0499

3

4 0

5 1

6

7 1

8 2

9331XF

10

11

124-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin, Missouri</b>		Length of stay in 1b <b>7 years</b>	c. CITY OR TOWN <b>Joplin</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1106 Sergeant Street</b>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>W.</b> Last <b>PARR</b>		4. DATE OF DEATH Month <b>November</b> Day <b>24</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/18/1892</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Include work done during most of working life, even if retired) <b>Capt. Fire Department 23 yrs.</b>		10b. PLACE OF BUSINESS OR INDUSTRY <b>Los Angeles, Calif.</b>	11. BIRTHPLACE (City and state or country) <b>Bellingham, Washington</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>John Thomas Parr</b>		13b. MOTHER'S MAIDEN NAME <b>Iva Maude Dorward</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Fletcher Parr</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Wife-</b> Address <b>Ida Fletcher Parr 1106 Sergeant Street</b>	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C-V-A.</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Recent cerebral concussion &amp; possible skull fracture</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>FR. left ankle</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 attended the deceased from <b>11-17-62</b> to <b>11-24-62</b> and last saw him alive on <b>11-24-62</b> Death occurred at <b>8:25 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Joplin, Mo</b>	
22c. DATE SIGNED <b>11-27-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Nov. 27, 1962</b>		23c. NAME OF CEMETERY OR CREMATOR <b>Ozark Memorial Park</b>	
23d. LOCATION (City, town, or county) <b>Joplin, Missouri</b>		23e. STATE (State) _____	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN MISSOURI</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>11-27-1962</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

JAN 4 1963

DEC 7 1962

DEC 11 1962

MAR 26 1963

APR 7 1963

APR 5 1963

**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 Robert C. Nash

Licensed Embalmer No. 5193

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.