

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5459

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BIRTH NO. _____		REG. DIST. NO. <u>1E7</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>572</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		57 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>812 1/2 Webster</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u>		b. (Middle) <u>Levina</u>		c. (Last) <u>Parlick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 28 1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Edwain Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William F. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy A. Jones</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Parlick - A.C. Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>slipped on showering falling</u> DUE TO (c) <u>+ striking head on an obstacle</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>G 907</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 or 10 hrs</u>	
19a. DATE OF OPERATION <u>F</u>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT OUTSIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe Livingston Mo 57</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>slipped on showering on brassy soaped floor</u>			
22. I hereby certify that I attended the deceased from <u>Jan 2 1949</u> , to <u>Jan 15 1949</u> , that I last saw the deceased alive on <u>Jan 15 1949</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) <u>Dr. R. Russell Hill</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>Jan-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 17 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-15-49</u>		REGISTRAR'S SIGNATURE <u>Frances B. Heil</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Jordan - Chillicothe Mo.</u>			

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

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**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.

Signed..... *Donald Gardner*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.