

EMD JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25804

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6147 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Tiger Fork</u> d. STREET ADDRESS (If rural, give location) _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Tiger Fork</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Tiger Fork</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar Pearl</u> b. (Middle) <u>Parsons</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1949</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>Feb 22 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mr Parsons</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Laura J. Parsons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cath. Fisher</u> ADDRESS <u>Shelbyville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Heart Exhaustion</u> DUE TO (c) <u>apoplexy</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> ✓	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>July 1</u> , 19 <u>49</u> , to <u>July - 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 13</u> , 19 <u>49</u> , and that death occurred at <u>10 9</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. P. Simpson</u> (Degree or title) _____		23b. ADDRESS <u>1002 Shelburna Res.</u>	
23c. DATE SIGNED <u>July 19 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loney Creek Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 22 - 49</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419	

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

RECEIVED JUL 25 1949
District Health Officer No. 10
District File Number 7-49-129
Date Filed JUL 25 1949

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 Myself Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed E. P. Thompson
Licensed Embalmer No. 1632
P. O. Address Shelbyville, 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.