

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 80

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u> <u>0551</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>North 9th street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Parkison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept 17 1884</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Marion Parkison</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Etchison</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Mcbracken Parkison</u>	
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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>Mrs J F Parkison</u> ADDRESS <u>Monett 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocciemia of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		151X	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Large growth of water curvatures of testis yellow</u>		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? _____	
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22. I hereby certify that I attended the deceased from 10-28-1949, to Jan 12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 8:34 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Woodley M.D.</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>Jan 17 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Monett Missouri</u>					

DATE REC'D BY LOCAL REG. <u>1-18-50</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u> <u>120</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home - Monett Mo</u> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 21 1950
District Health Office No. 6,
District File Number 150-112
Date Filed 1-21-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Wrentham, Ma

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.