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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 17 1950

State File No. 12024
3783

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Pottersville	
c. LENGTH OF STAY (in this place) DOA		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOA Veterans Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) CLAUDE	b. (Middle)	c. (Last) PARSONS	4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 14 Oct. 1925	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Howell County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alva Parsons	13b. MOTHER'S MAIDEN NAME Bertha Williard	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2	16. SOCIAL SECURITY NO. 494020-4673	17. INFORMANT'S SIGNATURE OR NAME Alva Parsons, West Plains, MO.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		b. Hemorrhage and Injuries		1 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Compound fracture of both legs between knee and ankle		68124
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		25

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidnet	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Henry Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-2-50 8 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fixing tire on car, struck by another car.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on **4/2/50**, 19____, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Handley (Degree or title) Coroner	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 4/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 Apr. 1950	24c. NAME OF CEMETERY OR CREMATORY Howell County Cemetery, West Plains, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4-8-50	REGISTRAR'S SIGNATURE W.S. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Robertson Funeral Home, West Plains, Mo.	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUN 22 1950

Robert Brown
W. G. Brown

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
Student Embalmer

Signed

Ralph H. Thiede

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.