

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13747

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4313 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmer</b>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <b>Elmer</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Matilda</b>	b. (Middle)	c. (Last) <b>Parson</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>April 2 1950</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>March 31 1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lee Carter</b>	13b. MOTHER'S MAIDEN NAME <b>Harriett Stevens</b>	14. NAME OF HUSBAND OR WIFE <b>John Parson</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Rose Tate</b>	ADDRESS <b>Elmer Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral thrombosis</b>		DUE TO (b) <b>Arteriosclerosis</b>		<b>1 wk.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>332X</b>

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 January, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Harold J. Lohr</b>	23b. ADDRESS <b>Elmer Mo.</b>	23c. DATE SIGNED <b>4/2/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>April 3 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmer</b>	24d. LOCATION (City, town, or county) (State) <b>Elmer Macon Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/11/50</b>	REGISTRAR'S SIGNATURE <b>Daphne Howerton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H.McCollin</b>	ADDRESS <b>South Gifford Mo</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

610

0610

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RECEIVED 4/13/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7/50/82  
Date Filed 7/18/50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *W. H. McCallum*

Licensed Embalmer No. 2052

P. O. Address South Gifford No

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.