

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16896**  
**2055**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Mo Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>90th and Prospect Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>HERBERT LOWE PARSONS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 3rd 1950</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 27 1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
-----------------------	----------------------------------	--	---	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Metal Lather</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Metal Lather</b>	11. BIRTHPLACE (State or foreign country) <b>Summer Ia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	---

13a. FATHER'S NAME <b>Cle Parsons</b>	13b. MOTHER'S MAIDEN NAME <b>Allie Lowe</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Dora Parsons</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>496-03-0204</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Parsons</b>	ADDRESS <b>Kansas City Mo.</b>
--	---	---	-----------------------------------

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; asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>24 hrs</b>  <b>H22-2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Congestion</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 May 2, 1950 to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred by 12:30A.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. D. Hooper, M.D.</b>	23b. ADDRESS <b>6232 Troost, K.C. Mo</b>	23c. DATE SIGNED <b>5-4-1950</b>
---	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 5th 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>5-4-50</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilks Funeral Home</b>	ADDRESS <b>2315 Linwood K.C. MO</b>
---	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr S.D. Hooper  
6232 Troost De 5092  
DW 5589

---

---

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 *Chas E. Wilks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *H.C. McO*

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.