S. No. 300
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FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22893

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: BUTLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF 0123
d. STREET ADDRESS (If rural, give location): 1605 S. WOODROW ST.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): P. RILEY
c. (Last): PARKERSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 28-1950

5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED W
8. DATE OF BIRTH: OCT 29-1866
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): TENN
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WM PARKERSON
13b. MOTHER'S MAIDEN NAME: MARY ARDENA COLLINS
14. NAME OF HUSBAND OR WIFE: ADA PARKERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John Patterson — ADDRESS: Poplar Bluff

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis, chronic — 5 mos.
DUE TO (c) — 4522

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Senility
Paralysis agitans — 10 yrs.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 27 Dec, 1945, *to* 28 June, 1950, *that I last saw the deceased alive on* 26 June, 1950, *and that death occurred at* 9:20AM, *from the causes and on the date stated above.*

23a. SIGNATURE J. Lester Harwell (Degree or title) 0
J. Lester Harwell, M.D.
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 30 June 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 2-1950
24c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEM.
24d. LOCATION (City, town, or county) (State): POPLAR BLUFF MO

DATE REC'D BY LOCAL REG.: July 3 1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: N. T. Phelps, Poplar Bluff Mo
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 13 1990
BUTLER CO. HEALTH CENTER
FILE No. 750-302

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 N. G. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.