

FILED SEP 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30030

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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 809

1. PLACE OF DEATH a. COUNTY <u>Shrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>1670</u> <u>Harley Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Harley Twp</u>	
3. NAME OF DECEASED a. (First) <u>Omer</u> (Type or Print)		b. (Middle) <u>K.</u> c. (Last) <u>Parsons</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 12 1950</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov 18 - 1885</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>64 9 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farms</u>	
11. BIRTHPLACE (State or foreign country) <u>Stone County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H. H. Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Guthrie</u>	
14. NAME OF HUSBAND OR WIFE <u>Basie K. Parsons</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Basie K. Parsons Crane Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause, last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
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?	
22. I hereby certify that I attended the deceased from <u>7 Sept</u> , 1950, to <u>12 Sept</u> , 1950, that I last saw the deceased alive on <u>12 Sept</u> , 1950, and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>	
23c. DATE SIGNED <u>12 Sept 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>9/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	
24d. LOCATION (City, town, or county) (State) <u>Crane Mo.</u>		DATE REC'D BY LOCAL REG. <u>9-12-50</u>	
REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Monroe Crane Mo.</u>	

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

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, only

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Cran 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.