

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41750

State File No. _____

No. 300
10.48

FILED JAN 10 1951

BIRTH NO. _____ REG. DIST. NO. 4276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps <i>OK 11</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Lydie b. (Middle) _____ c. (Last) Parsons			4. DATE OF DEATH (Month) (Day) (Year) 12 31 50			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/1/81	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 9 Days 30	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Fred Knigge	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE Charley Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME Charley Parsons ADDRESS St. James, Mo

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hepatitis		4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		92X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic hepatitis		4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Oct. 15, 1950, to Dec. 31, 1950, that I last saw the deceased alive on Dec. 31, 1950, and that death occurred at 2:26 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hammer, M.D.</i> (Degree or title)	23b. ADDRESS St. James, Mo	23c. DATE SIGNED I-2-1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
		24d. LOCATION (City, town, or county) (State) St. James Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 4 1951	REGISTRAR'S SIGNATURE C. E. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Kahr ADDRESS St. James, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County Executive Building,
P.O. Box 119/51,
P.O. Box 119/51

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 C. Jesse Gahr

Signed _____
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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.