

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. R. T. Souther  
State File No. 13211  
394  
Registrar's No. 394

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  
c. LENGTH OF STAY (If in place) 1 Day  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Stone  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Berryville, Ark.  
d. STREET ADDRESS (If rural, give location) Route # 4 1040

3. NAME OF DECEASED a. (First) Rosa b. (Middle) Parton c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 29 9. AGE (In years, last birthday) 74 IF UNDER 1 YEAR Months \_\_\_\_\_ 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 HOME 11. BIRTHPLACE (State or foreign country) Blue Eye, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James DeLong 13b. MOTHER'S MAIDEN NAME Mary Ott 14. NAME OF HUSBAND OR WIFE Jessie Parton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Parton Rt #3 Berryville Ark.

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Toxic nodular goiter  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) operation for toxic nodular goiter  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 12 hrs  
12 hrs

19a. DATE OF OPERATION 5/3/51 19b. MAJOR FINDINGS OF OPERATION enormous goiter 20. AUTOPSY? YES  NO

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) Springfield Mo Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 4/17, 1951, to 5/9, 1951, that I last saw the deceased alive on 5/3, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. T. Souther (Degree or title) 0 23b. ADDRESS Prof. Bldg. Springfield Mo 23c. DATE SIGNED 5/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/6/51 24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cem. 24d. LOCATION (City, town, or county) (State) Blue Eye, Mo.

DATE REC'D BY LOCAL REG. 5-5-51 REGISTRAR'S SIGNATURE W. E. Haselley 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer Springfield, Mo.

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

1396  
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.