

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23698

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5724 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Eagle</u>	
c. LENGTH OF STAY (In this place) <u>66 yrs.</u>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #3 Macon, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 Macon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Parsons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2 Sept. 8, 1885</u>		9. AGE (In years last birthday) <u>100</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>William Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Dec.</u>	
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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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella E. Parsons</u> ADDRESS <u>Macon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Debility</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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, 1951, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>[Signature]</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>6/30/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>7-7-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Macon, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7.16.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.57.114
Date Filed 7.16.51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.