

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23976
Registrar's No. 254

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits; write RURAL and give township) Sedalia	
c. LENGTH OF STAY (in this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 1616 South Brown	
3. NAME OF DECEASED a. (First) SAMUEL b. (Middle) IRVIN c. (Last) PARSONS			4. DATE OF DEATH Aug. 7, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1875
9. AGE (in years last birthday) 76		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, or if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Benton County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary S. Thompson Parsons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Ethel Shoemaker, 1615 S. Osage, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral sclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>senility</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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 6-8 1949, to 8-6 1951, that I last saw the deceased alive on 8-6 1951, and that death occurred at 4:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M. Mauders</i>		23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 8/7/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/51	24c. NAME OF CEMETERY OR CREMATORY Ionia Cemetery	24d. LOCATION (City, town, or county) (State) Ionia, Missouri
DATE REC'D BY LOCAL REG. 8/9/1951	REGISTRAR'S SIGNATURE <i>A. J. Campbell</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>James Ewing</i> Sedalia, Mo.	

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

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RECEIVED 6-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-13-51

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 P. C. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.