

FILED JAN 24 1952

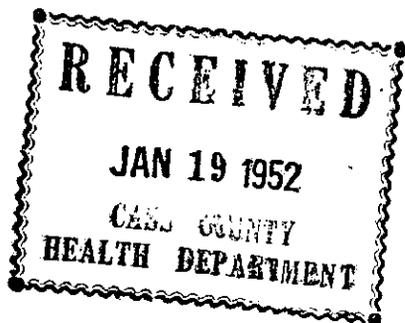
STANDARD CERTIFICATE OF DEATH

State File No. 560

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5224		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi S of Harrisonville</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi S of Harrisonville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>Barrett</u>		c. (Last) <u>PARSONS</u>	
DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Jan 12 1952</u>		<u>Jan</u>		<u>12</u>		<u>1952</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 Apr 9, 1886</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant-Retail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>New Market, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Bookman</u>		14. NAME OF HUSBAND OR WIFE <u>May Hedger 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 <u>Garrett A. Parsons</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DURNS, BACK & BUTTOCK 3rd Degree 39 days</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>89170</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>HARRISONVILLE MO. MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN. 9 1952 9 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell AGAINST HOT STORE</u>			
22. I hereby certify that I attended the deceased from <u>JAN 9, 1952</u> , to <u>JAN. 17, 1952</u> , that I last saw the deceased alive on <u>JAN. 11, 1952</u> , and that death occurred at <u>7 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. H. Jergin M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Jan. 14, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemet. Harrisonville Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		457-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funerary Services</u>	
						ADDRESS <u>Harrisonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.