

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3669

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence	
c. LENGTH OF STAY (In this place) 36 Yrs		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print)	a. (First) Mace	b. (Middle) Blanch	c. (Last) Parvin	4. DATE OF DEATH (Month) (Day) (Year) Jan 29th 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28th 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Days 7	IF UNDER 1 MIN. Hours 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY House Work	11. BIRTHPLACE (State or foreign country) Smithfield Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Zeigler	13b. MOTHER'S MAIDEN NAME Sarah Ann Hinderliter	14. NAME OF HUSBAND OR WIFE II II
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Miss Maxine Parvin	ADDRESS Clarence Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 mps.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Metastatic, Pelvic bones		2 yrs.
	ANTECEDENT CAUSES DUE TO (b) Carcinoma of the Jaw		
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 June 1950	19b. MAJOR FINDINGS OF OPERATION Epidermoid carcinoma	20. AUTOPSY? 196X 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 17, 1951, to Jan. 25, 1952, that I last saw the deceased alive on Jan. 25, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell, M.D. (Degree or title)	23b. ADDRESS Macon Mo	23c. DATE SIGNED Jan 31, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/31/52	24c. NAME OF CEMETERY OR CREMATORY Maplewood	24d. LOCATION (City, town, or county) (State) Clarence Mo.
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DATE REC'D BY LOCAL REG. 2-5-52	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw & Hawkins	ADDRESS Shelbina Mo.
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(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 _____

Henry G. Berkeley

Signed.....

Student Embalmer

Licensed Embalmer No. 3835

P. O. Address Phellua 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.