

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5881

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 3048 Registrar's No. 38

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

1. PLACE OF DEATH a. COUNTY <u>NOODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NOODAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>QUITMAN 0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>PARSON</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 4 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NOT MARRIED</u>	8. DATE OF BIRTH <u>MARCH 20, 1868</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>10</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>QUITMAN, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>SAM JONES</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY C. RONEY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>DOCK HANKINS</u> ADDRESS <u>QUITMAN, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES DUE TO (b) <u>Severe cerebral arteriosclerosis</u> DUE TO (c) <u>Fractured femur</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured femur</u> <u>3 wks.</u>	
19a. DATE OF OPERATION <u>Jan 25, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fractured femur 074</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>Aug 1, 1951</u> , to <u>Feb 4, 1952</u> , that I last saw the deceased alive on <u>Feb 4, 1952</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. A. Byland</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Maryville Mo</u>	23c. DATE SIGNED <u>2/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F</u>	24d. LOCATION (City, town, or county) (State) <u>QUITMAN MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-12-52</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u> <u>229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. H. BURK</u> ADDRESS <u>Jct. Mo</u>	

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2965

P. O. Address Burl. J. M.

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.