

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37393

State File No. ....

NOV 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 45

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stone</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Florida</u> b. COUNTY <u>Pinellas</u> |  |
| b. CITY OR TOWN <u>Hurley</u>               | c. LENGTH OF STAY (in this place) <u>1 day</u> | c. CITY OR TOWN <u>Clearwater</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION     |  | d. STREET ADDRESS (If rural, give location)  |  |

|                                     |                               |                       |                          |  |
|-------------------------------------|-------------------------------|-----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mr. Herbert</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Parsons</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1952</u> |
|-------------------------------------|-------------------------------|-----------------------|--------------------------|--|

|                    |                               |   |                                     |  |   |   |  |   |
|--------------------|-------------------------------|---|-------------------------------------|--|---|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>aug 30-1884</u> | 9. AGE (In years last birthday) <u>68</u> Months <u>1</u> Days <u>22</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> |
|--------------------|-------------------------------|---|-------------------------------------|--|---|---|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>W. C. Parsons</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha A. Ester</u> | 14. NAME OF HUSBAND OR WIFE <u>Margaret Parsons</u> |
|---|--|---|

|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Margaret Parsons</u> ADDRESS <u>Clearwater Fla.</u> |
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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>   |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no medical attention</u> |  |   |
|   | DUE TO (c)   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS.<br>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"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) (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 at death, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952 and that death occurred at 5 A. m., from the causes and on the date stated above.

|  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| 23a. SIGNATURE <u>Enid H. Cheatham</u> (Degree or title) | 23b. ADDRESS <u>Crane, Helena, Mo</u> | 23c. DATE SIGNED <u>Oct 23-52</u> |
|--|---------------------------------------|-----------------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10/23/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sylvan Abbey</u> | 24d. LOCATION (City, town, or county) (State) <u>Clearwater Florida</u> |
|--|---------------------------|--|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Oct. 24-52</u> | REGISTRAR'S SIGNATURE <u>Mrs. J. E. Lewis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geary H. Manlove</u> ADDRESS <u>Crane Mo</u> |
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For Lena Murray Licensed Embalmer's Statement on Reverse Side

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

1040

BYE 8192

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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gray H. Manlove

Licensed Embalmer No. 3827

P. O. Address Cran Ma

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.