S. No. 300
10-48

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38475

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 21

461
4

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mark Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains 0461
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Obed b. (Middle) R c. (Last) Parsons

4. DATE OF DEATH (Month) (Day) (Year) 11-3-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 10-26-1875
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 0 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME O. C. Parsons
13b. MOTHER'S MAIDEN NAME Clara ?
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs R. Gilbert, Twin Bridges ADDRESS no

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-20-1952 *to* 11-3-1952 *that I last saw the deceased alive on* 11-2, 1952, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Richard A. Smith D.O.
23b. ADDRESS 913 W. Main, West Plains, Mo.
23c. DATE SIGNED 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BO
24b. DATE 11/5-52
24c. NAME OF CEMETERY OR CREMATORY Homeland
24d. LOCATION (City, town, or county) West Plains (State) Mo

DATE REC'D BY LOCAL REG. 11-14-52
REGISTRAR'S SIGNATURE Beatrice Cook 379-0
25. FUNERAL DIRECTOR'S SIGNATURE Robertson West Plains ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

Richard Smith

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed L. D. Roberts

Licensed Embalmer No. 343

P. O. Address West Plains 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.