

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

765

State File No.

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5415</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>DOUGLAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL WOOD</u>		c. LENGTH OF STAY (If in this place) <u>1 hr.</u>		c. CITY OR TOWN <u>BERTHA MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>0240</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) _____ c. (Last) <u>PARSONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 14 54</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept 24</u>		9. AGE (In years last birthday) <u>23</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mtn. Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>GEORGE W. RHODES</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE OWENS</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chobey Rhodes Michigan</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u> 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 _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Douglas Co. Woodtownship 034 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 14 1954 5 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>Auto ran into rear of truck stopped on highway</u>			
22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.B. Ames M.D. Local 378</u>				23b. ADDRESS <u>Mountain Grove Mo.</u>		23c. DATE SIGNED <u>Jan 16, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LONESTAR</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-18-54</u>		REGISTRAR'S SIGNATURE <u>Uptal Bushman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Barber</u>		ADDRESS <u>Mtn. Grove</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1963

YAMHON

APR 9 1963

George W. Thomas
M. Barber
M. Barber
M. Barber

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
M. Barber

Licensed Embalmer No. 38

P. O. Address.....
Mt. Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

this body is not embalmed, fact should be so stated above.

APR 11 1963