

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15661

State File No.

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5523 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>		
b. CITY OR TOWN <u>Rural-Montgomery, T.S.</u>		c. LENGTH OF STAY (in this place) <u>53 years</u>	c. CITY OR TOWN <u>Rural-Montgomery-Township</u>		d. STREET ADDRESS <u>1 mile S of Quincy</u> <u>2420</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Benjamin</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Parson</u>	(Month) <u>May</u>	(Day) <u>15</u>	(Year) <u>1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Stella June 11-1872</u>	9. AGE (In years last birthday) <u>81</u>	UNDER 1 YEAR	1 YEAR	OR UNDER 24 HRS.
					Months <u>11</u>	Days <u>4</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Quincy, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James B. Parson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ellen Ricker</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Mary Shephard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bailey Parson - Wheatland, Mo</u>	ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoking</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491 X</u>	20. AUTOPSY? 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) (Min.)	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 Jan 20, 1949, to May 15, 1954, that I last saw the deceased alive on May 13, 1954, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Briggs, D.C.</u>	23b. ADDRESS <u>Wheatland, Mo.</u>	23c. DATE SIGNED <u>May 15, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheatland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-15-1954</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	464	25. FUNERAL DIRECTOR'S SIGNATURE <u>Selbert Wheatland, Mo</u>	ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Chas. Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, 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.