

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville 0</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY OR TOWN <u>Green Castle</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>No street address 1050</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Parsons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1955</u>		
5. SEX <u>M. 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-13-1892</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Manager</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Castle, Mo. 0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>W. M. Parsons</u>			13b. MOTHER'S MAIDEN NAME <u>Angelane Shepler</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Clio B. 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. <u>493-14-5958</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Campbell, deceased</u>			ADDRESS <u>Green Castle Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
		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 _____						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>1-20 - 1955</u> , to <u>1-26 - 1955</u> , that I last saw the deceased alive on <u>1-26 - 1955</u> , and that death occurred at <u>7:10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Kirkville, Missouri</u>			23c. DATE SIGNED <u>1-26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-29-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent & Son, Green City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City*

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

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