

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7371

FILED APR 4 1955

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Washington Twp		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) About 10 yrs		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 Littler N ursing Home-R.R.#3 Cook Road		e. STREET ADDRESS (If rural, give location) R. R. #3 - Cook Road	
3. NAME OF DECEASED (Type or Print) RICHARD		4. DATE OF DEATH (Month) (Day) (Year) March 26 1955	
a. (First) Z. PARSON		b. (Middle) c. (Last)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, <del>WIDOWED, OR DIVORCED</del> (Specify) Never Married	8. DATE OF BIRTH Unk 1878
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	11. BIRTHPLACE (City and State or Foreign Country) Hambourg Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unk own	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-22-5508	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Koonse DeKalb, Mo.	
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 4 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Lesions		DUE TO (b) _____	
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) 4214	
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 Dec, 1952, to Mar 26, 1955 that I last saw the deceased alive on Mar 20, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Swails M.D.		23b. ADDRESS Wathena, Mo.	23c. DATE SIGNED 3-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Green Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
DATE REC'D BY LOCAL REG. March 31, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stacey Funeral Home St. Joseph, Mo.	

(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 *Charles E. Bennett* .....

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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.