

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED APR 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Chester</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Baxter Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		e. STREET ADDRESS (If rural, give location) <u>607 military ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Treeman Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev. Virgie L. Parham</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-55</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 25 1898</u>	9. AGE (In years last birthday) <u>56</u>	if UNDER 1 YEAR Months   Days	if UNDER 1 WEEK Hours   Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life when attained) <u>Home maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bellefonte Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J E Stephens</u>	13b. MOTHER'S MAIDEN NAME <u>Electa Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Phillip Parham</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Phillip Parham</u> ADDRESS <u>Baxter Spgs Ks</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		<u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary stenosis - congenital</u> DUE TO (c) _____		<u>56 years</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>None</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) _____	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 11-6, 1955, to 3-27, 1955, that I last saw the deceased alive on 3-27, 1955, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Bogan M.D.</u> (Degree or title)	23b. ADDRESS <u>1227 Military, Baxter Springs, Ks.</u>	23c. DATE SIGNED <u>3-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Spgs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-30-55</u>	REGISTRAR'S SIGNATURE <u>Ed B. Janner</u> 1380 <u>by Edward Janner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J Lane Wone</u> ADDRESS <u>Baxter Spgs Ks</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed  
APR 4 - 1935

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 Wene Funeral Home, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J Lane Wene

Licensed Embalmer No. 2880

P. O. Address Bayter Bldg

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.