

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12475**

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5626 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Eldridge</u>		c. LENGTH OF STAY (this place) <u>2 days</u>	c. CITY OR TOWN <u>Linn Creek</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		STREET ADDRESS (if rural, give location) <u>Gen Del</u>	

3. NAME OF DECEASED
a. (First) Charles b. (Middle) Talman c. (Last) Parsons

4. DATE OF DEATH (Month) (Day) (Year) April 15 - 1955

5. SEX male 6. COLOR OR RACE wht 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Sep 29 - 1865 9. AGE (In years) (Month) (Day) (Year) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY agri

11. BIRTHPLACE (City and State or Foreign Country) Berlin Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm J Parsons 13b. MOTHER'S MAIDEN NAME Eugenie Skreen

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no 15b. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Jennie Cop ADDRESS as above

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Acute Coronary Thrombosis

18. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerotic Heart Disease
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH one hour

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Camden

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1955, to 4-15, 1955, that I last saw the deceased alive on 4-15, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Suel M D 23b. ADDRESS 545 N. Jefferson, Lebanon Mo 23c. DATE SIGNED 4-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 17-55 24c. NAME OF CEMETERY OR CREMATORY Hugo 24d. LOCATION (City, town, or county) (State) Camden Mo

DATE REC'D BY LOCAL REG. 4-18-1955 REGISTRAR'S SIGNATURE Hella L. Gray 424 FUNERAL DIRECTOR'S SIGNATURE Bourbeau-Walshery Camden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

30
4

Received 4-25-53-
Laclede County Health Unit
File No. 62
Date Filed 4-25-53-

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 *Dorsey M. Howe*

Licensed Embalmer No. *42*

P. O. Address *Lebanon*

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.