

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30402**

FILED OCT 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>	c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>Louisiana</b>	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 <b>Pike Co. Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1008 Georgia Street</b> <b>082/0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>MACKKEY</b> c. (Last) <b>PARSONS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 28 1955</b>		
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1886</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Asst. Postmaster</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Asst. Postmaster</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Louisiana, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	

13a. FATHER'S NAME <b>John Parsons</b>	13b. MOTHER'S MAIDEN NAME <b>Luella E. Esterbrook</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian Parsons</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Albert Parsons, Louisiana, Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ac Congestion Heart Failure 3 days</b>		
	DUE TO (c) <b>4201</b>		
	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"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **9/26/55**, to **9/28/1955**, that I last saw the deceased alive on **9/28/1955**, and that death occurred at **9:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert L. Andrae M.D.</b>	(Degree or title)	23b. ADDRESS <b>Louisiana Mo.</b>	23c. DATE SIGNED <b>9/29/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/30/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Sept 30, 1955</b>	REGISTRAR'S SIGNATURE <b>Bernice Callier</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 11 1956

SEP 25 1956

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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.....  
Signature of Student Embalmer

Signed *Virginia M. Stone*.....

Licensed Embalmer No...464...

P. O. Address *Louisiana*.....

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.