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FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7847

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6219 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DRYWOOD
c. LENGTH OF STAY (in this place): 53 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 MILE NORTH SHELDON MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: VERNON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL DRY WOOD 1080
d. STREET ADDRESS (If rural, give location): 1 MILE NORTH SHELDON, MO.

3. NAME OF DECEASED (Type or Print): a. (First) OLLIE b. (Middle) ANN c. (Last) PARSONS

4. DATE OF DEATH (Month) FEB (Day) 6 (Year) 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV 12 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): CARTHAGE MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: JOHN W. FULLERTON
13b. MOTHER'S MAIDEN NAME: MARTHA ELIZABETH CAGLE
14. NAME OF HUSBAND OR WIFE: MYRON PARSONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Delia Parsons — ADDRESS: Sheldon 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis of abdomen and pelvis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic C.V.R. disease

INTERVAL BETWEEN ONSET AND DEATH: 8 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1952, *to* Feb 6, 1956, *that I last saw the deceased alive on* Feb 6, 1956, *and that death occurred at* 3:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], MD
23b. ADDRESS: Nevada, Mo
23c. DATE SIGNED: 2-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 9 1956
24c. NAME OF CEMETERY OR CREMATORY: SHELDON
24d. LOCATION (City, town, or county) (State): VERNON MO

DATE REC'D BY LOCAL REG.: Feb 24 1956
REGISTRAR'S SIGNATURE: Mrs [signature] Gaith
25. FUNERAL DIRECTOR'S SIGNATURE: S. Bernard Beeny — ADDRESS:

(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 .....
Student Embalmer

Signed G. Bernard Beeny

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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