

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23455

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5460 Registrar's No. 681-B

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Green</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Green</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>Galloway</b> |  | c. CITY OR TOWN<br><b>Galloway</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>35 Yrs.</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>At Home</b>                                       |  | e. STREET ADDRESS (If rural, give location)<br><b>Galloway, Missouri</b>  |  |

|                                     |                           |                             |                            |   |
|-------------------------------------|---------------------------|-----------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>John</b> | b. (Middle)<br><b>Green</b> | c. (Last)<br><b>Parson</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 24, 1956</b> |
|-------------------------------------|---------------------------|-----------------------------|----------------------------|---|

|                       |                                  |  |  |   |
|-----------------------|----------------------------------|--|--|---|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Jan. 16, 1875</b> | 9. AGE (In years last birthday) Months Days Hours Min.<br><b>81</b> |
|-----------------------|----------------------------------|--|--|---|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) /<br><b>Virginia</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|-----------------------------------|---|---|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME<br><b>Wm. Parsons</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|  |                         |   |
|--|-------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Quinn Gott, Springfield, Rt. 6, Mo</b> |
|--|-------------------------|---|

|  |   |                                 |                                  |
|--|---|---------------------------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |                                 | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>  |                                 | <b>2 yrs.</b>                    |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Thrombosis</b><br>DUE TO (c) |                                 | <b>suddenly</b>                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   | <b>Arteriosclerosis, severe</b> | <b> yrs =</b>                    |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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)<br><b>4201</b> |
|--|--|--|

|   |  |                            |
|---|--|----------------------------|
| 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 26 Apr, 1955, to 24 July, 1956, that I last saw the deceased alive on 23 June, 1956, and that death occurred at 2 P. M., from the causes and on the date stated above.

|                                       |                               |                                  |                                       |
|---------------------------------------|-------------------------------|----------------------------------|---------------------------------------|
| 23a. SIGNATURE<br><b>J. J. Cooper</b> | (Degree or title) <b>M.D.</b> | 23b. ADDRESS<br><b>Osark, Mo</b> | 23c. DATE SIGNED<br><b>4 Aug 1956</b> |
|---------------------------------------|-------------------------------|----------------------------------|---------------------------------------|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>July 26, 56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>East Lawn Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Green Co, Missouri</b> |
|--|---------------------------------|---|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>8-9-56</b> | REGISTRAR'S SIGNATURE<br><b>Edith Williams</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>T. B. Chaffin Osark Mo</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7 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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark*

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.