

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27811

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (in this place) 12 hrs.	c. CITY OR TOWN Sedalia	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 Bothwell Hospital		STREET ADDRESS (If rural, give location) 644 East 10th 080%	

3. NAME OF DECEASED (Type or Print) a. (First) ALLIE b. (Middle) E. c. (Last) PARSONS	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harrison Smith	13b. MOTHER'S MAIDEN NAME Mary K. Coontz Smith	14. NAME OF HUSBAND OR WIFE James W. Parsons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or date of service) none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Helen Williams 644 E. 10th Sedalia, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia. 12 hours.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral Hemorrhage, Left Hemiplegia. 28 hours. Cardio Vascular Disease. Over two yrs.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Over 2 years.		

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION Medical care only.	20. AUTOPSY? 443x Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Over 2 yrs. to August 27th, 1956
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22. I hereby certify that I attended the deceased from **6-26-56** to **August 27th, 1956** and that death occurred at **12.50 A.M.** on the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D.	(Degree or title) Calder M.D.	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 8-27-56.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/29/56	24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery	24d. LOCATION (City, town, or county) (State) Syracuse, Missouri
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DATE REC'D BY LOCAL REG. 8-29-56	REGISTRAR'S SIGNATURE Lavinia Coontz	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Edward Ewing Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *P. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Seaside*.....

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.