

FILED DEC 3 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37695

STATE FILE NUMBER

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1071-C

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>Springfield</b> <u>6396</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Burge Hosp.</b>   |  | Length of stay in lb <b>6 Yrs.</b>   |  |
|   |  | d. STREET ADDRESS <b>1328 E. Bennett</b> (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br><b>THOMAS M. PARSONS</b><br>First Middle Last   |                               |   | 4. DATE OF DEATH <b>Nov. 22, 1956</b><br>Month Day Year |   |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>26 June 1909</b>                    | 9. AGE (In years last birthday) <b>47</b>                             | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Biology Instructor Drury College</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country) <b>South Dakota</b>        | 12. CITIZEN OF WHAT COUNTRY <b>USA</b>    |
| 13. FATHER'S NAME <b>H.C. Parsons</b>  |                               |   | 14. MOTHER'S MAIDEN NAME <b>Elva Dunham</b>             |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes WWII</b>          |                               | 16. SOCIAL SECURITY NO. <b>489-36-8364</b>  |   | 17. INFORMANT <b>Mable Parsons (Wife) Springfield, Mo.</b><br>Address |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Ventricular fibrillation (less than one hour)</b> |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Severe coronary arteriosclerosis with chronic occlusion</b>               |  | <b>Undetermined</b>   |
| DUE TO (c) <b>H2O, 1</b>  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><b>Pneumothorax, left.</b>                        |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |                                  |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 21. I attended the deceased from <u>1-30-1951</u> to <u>11-22-56</u> and last saw <u>him</u> alive on <u>11-22-56</u><br>Death occurred at <u>10:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |                                  |  |
| 22a. SIGNATURE (Degree or title)<br><i>D. M. Klingner M.D.</i>  |  | 22b. ADDRESS <b>1630 N. Jefferson Springfield, Missouri</b> |  | 22c. DATE SIGNED <b>11-23-56</b> |  |

|   |  |                           |   |  |   |
|---|--|---------------------------|---|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b> |  | 23b. DATE <b>11-25-56</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>NEWCOMERS CREMATORY</b> |  | 23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b> |
| 24. FUNERAL DIRECTOR <b>J. Klingner &amp; Co.</b>             |  | ADDRESS <b>Spfld. Mo.</b> |   | 25. DATE RECD. BY LOCAL REG. <b>11-26-56</b> | 26. REGISTRAR'S SIGNATURE <i>Emma Williams</i>                        |

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, *Glen D. Williams*.....

Licensed Embalmer No. *465*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.