

FILED JUN 5 1957

STANDARD CERTIFICATE OF DEATH

16488
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Clark</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clark</i> ✓				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kahoka</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Reverse, Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mitchell Home</i>			Length of stay in lb <i>5 months</i>		d. STREET ADDRESS (If outside, give location) <i>R.F.D.</i>		Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Charles William PARSONS</i>				4. DATE OF DEATH Month Day Year <i>May 27 1957</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Dec 4, 1876</i>		9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (City and state or country) <i>Lee County, IA.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Samuel Parsons</i>				14. MOTHER'S MAIDEN NAME <i>Mary Longcor</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mrs. Ollie Sauls</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Insufficiency</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocarditis</i> DUE TO (c) <i>4222H</i>							INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>yes</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Had Carcinoma of bladder</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>	
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 Hour Month, Day, Year 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 <i>Mar 15, 1957</i> to <i>May 27, 1957</i> and last saw her/him alive on <i>May 26, 1957</i> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Perry S. Burton D.O.</i>				22b. ADDRESS <i>Kahoka, Mo.</i>		22c. DATE SIGNED <i>5-27-57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>5-29-57</i>		23b. DATE <i>5-29-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Osage City</i>		23d. LOCATION (City, town, or county) (State) <i>Osage City Kansas</i>		
24. FUNERAL DIRECTOR <i>Otis P. Lutting - Kahoka, Mo</i>				25. DATE RECD. BY LOCAL REG. <i>5/28 1957</i>		26. REGISTRAR'S SIGNATURE <i>J.P. Brieger</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
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

61-0

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 John Bolin, Student Embalmer No. 55 working under my personal supervision..

Student John Bolin
Signature of Student Embalmer

Signed Oliver L. Sutter
Licensed Embalmer No. 296

P. O. Address Lynn, Va

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.