

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18195

State File No.

FILED JUN 5 1957

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>85</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY OR TOWN <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>14 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>COOK</u> c. CITY OR TOWN <u>Melrose Park</u> d. STREET ADDRESS <u>118 N. Broadway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Jo</u> c. (Last) <u>PARSONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-1957</u>		5. SEX <u>Female</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>5-6-1948</u>		9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>22</u> IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Melrose Park Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Gerald Parsons</u>			13b. MOTHER'S MAIDEN NAME <u>Martorie Wilcox</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martorie Wilcox</u> ADDRESS <u>Columbus Kansas</u>				
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) <u>Skull fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auto accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Shock, convulsions, fr. humerus 18 hrs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuba Crawford Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1957 8:00 a.m.</u>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>						
22. I hereby certify that I attended the deceased from <u>May 29</u> , 19 <u>57</u> , to <u>May 30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 29</u> , 19 <u>57</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.F. Anderson M.D.</u>				23b. ADDRESS <u>213 W 8th Rolla Mo</u>		23c. DATE SIGNED <u>5/31/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-31-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbus</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas</u>		
DATE REC'D BY LOCAL REG. <u>May 31, 1957</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Thayer</u> ADDRESS <u>Cuba, Mo</u>				

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

RECEIVED

Phelps County Health Officer,

County File Number 719

Date Filed JUNE 4
MAY 29 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Herman A. Haener
Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

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