

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27071**

FILED JUL 25 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1768**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERTSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 211 4445 PAGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 37 SARAH-FRANCIS HOME		d. STREET ADDRESS (If rural, give location) 211 4445 PAGE	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) SARAH c. (Last) PARSONS		4. DATE OF DEATH (Month) (Day) (Year) JULY 13 1957	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. DIV	8. DATE OF BIRTH FEB-10-1874
9. AGE (In years last birthday) 83	10. MONTHS 5	11. DAYS 3	12. IF UNDER 1 YEAR Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY At home	
11. BIRTHPLACE (State or foreign country) PIKE COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME RICHARD M. PIKE		13b. MOTHER'S MAIDEN NAME MARGARET GREEN	
14. NAME OF HUSBAND OR WIFE LOREN PARSONS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LOU PARSONS NEW HARTFORD, MO	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. V. D. Central Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 months
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) N. C. V. D.		3 yrs.
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 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) 443X
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 **Nov. 4, 1956** to **7-12, 1957**, that I last saw the deceased alive on **7-1, 1957**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Phillips M.D.	23b. ADDRESS 916 N. No. Taylor	23c. DATE SIGNED 7-13-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 13-1957	24c. NAME OF CEMETERY OR CREMATORY CHURCH OF GOD TEM.
24d. LOCATION (City, town, or county) (State) NEW HARTFORD MO.	25. FUNERAL DIRECTOR'S SIGNATURE J. O. Wadd ADDRESS POWLING GREEN, MO.	
DATE REC'D BY LOCAL REG. 7/13/57	REGISTRAR'S SIGNATURE Herbert A. Dambert	

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

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 _____
Student Embalmer

Signed _____

James O. Muddel

Licensed Embalmer No. *4152*

P. O. Address *Burling Green, 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.