

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006456  
STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 47

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		Length of stay in lb <u>7 hours</u>	d. STREET ADDRESS (If outside, give location) <u>708 Scyamore</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CORDIE</u> Middle <u>HOLLOWAY</u> Last <u>PARSONS</u>			4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 6, 1887</u>		9. AGE (In years last birthday) <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&amp;O.R.R.</u>		11. BIRTHPLACE (City and state or country) <u>Rolls County Missouri</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Henry Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Calvin</u>	
13c. NAME OF HUSBAND OR WIFE <u>Myrtle Beckmann Parsons</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>4200</u>	
17. INFORMANT <u>Mrs. Cordie Parsons Hannibal Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute congestive failure</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>10 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <u>Hannibal</u>		20g. COUNTY <u>Missouri</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>12-26-46</u> to <u>2-7-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>2-7-58</u> Death occurred at <u>7:00 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
22c. DATE SIGNED <u>2-10-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/10/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>		23e. (State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u>		25. DATE RECD. BY LOCAL REG. <u>2-14-1958</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Luckey by H.C. Fisher</u>	

**RECEIVED** FEB 19 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** FEB 19 1958

**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 *John S. Harris* .....

Licensed Embalmer No. .... 1540 .....

P. O. Address ..... Hannibal, Missou

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.