

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020021
State File No.

FILED JUN 13 1958

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5921**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois, b. COUNTY Alexander			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 57 DAYS		c. CITY OR TOWN Tamms <i>81208</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) Route One Box 1318 Boulevard			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) PARSON		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1958			
5. SEX Male <i>2</i>	6. COLOR OR RACE Negroed	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 9, 1956	9. AGE (in years last birthday) 1 <i>9</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) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mounds, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Alvin Parson		13b. MOTHER'S MAIDEN NAME Shirley Crisp		14. NAME OF HUSBAND OR WIFE Never Married	
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 ADDRESS E. M. Orsech - 500 S. Kingshighway	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebella cyst DUE TO (c) 223X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebellar lobular lower lobe			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years 1 1/2 years 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from April 8, 1958 , to June 4, 1958 that I last saw the deceased alive on June 4, 1958 , and that death occurred at 3:40P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Barbara Jones M.D. (Degree or title)			23b. ADDRESS 500 S. Kingshighway Blvd.		23c. DATE SIGNED 6-4-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-5-58	24c. NAME OF CEMETERY OR CREMATORY Charleston, Missouri		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUN 9 58		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Funeral Chapel Charleston, Mo.	

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.....
Signature of Student Embalmer

Signed *Carlton L. Donaldson*

Licensed Embalmer No. *493*

P. O. Address *Charleston*

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.