

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033942

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 344

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>	
b. CITY OR TOWN <b>St. Francois Twp. Farmington - Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Fredericktown</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mineral Area Osteopathic Hosp.</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS <b>Route 1</b>
		(If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Stella</b> Middle <b>Margaret</b> Last <b>Parson</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>6</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 17, 1909</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Madison County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jim Parson</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Skaggs</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Parson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Henry Parson, Fredericktown, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Peripheral Vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Acute Coronary Occlusion</b>	
	DUE TO (c) <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	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 <b></b> STATE <b></b>
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21. I attended the deceased from <b>8-5-58</b> to <b>9-6-58</b> and last saw <b>her</b> alive on <b>9-6-58</b> Death occurred at <b>9:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Paul J. Beau</b> (Degree or title)	22b. ADDRESS <b>Farmington, Missouri</b>	22c. DATE SIGNED <b>9-9-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bright Prosperous Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Najim Funeral Home,</b> ADDRESS <b>Fredericktown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 9 1958</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 17 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 .....  
*Frank McQuinn*

Licensed Embalmer No. 4852

P. O. Address *Fredericktown*

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.