

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-161455

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No. 337 Primary Registration District No. Registrar's No. R. J.

300
1-57

1. PLACE OF DEATH - a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethel		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural 1020
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3mi. N. Epworth, Mo		Length of stay in 1b 62	d. STREET ADDRESS (If outside, give location) 3mi. N. Epworth, Mo

3. NAME OF DECEASED (Type or print) First William Middle McClelland Last Parsons			4. DATE OF DEATH Month May Day 3 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1897	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 2 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Shelby Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William T. Parsons		13b. MOTHER'S MAIDEN NAME Manette Pflum		14. NAME OF HUSBAND OR WIFE Fay Parsons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-40-0903	17. INFORMANT Address Mrs Fay Parsons. Shelbyville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 12 Gage shot gun wound in center of Chest.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Inquest deemed unnecessary.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Same as above.	
20c. TIME OF INJURY Hour 7:45 Month 5 Day 3 Year 59 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home	20f. CITY, TOWN, OR LOCATION Shelbyville	COUNTY Shelby STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. W. Musgrove Coroner		22b. ADDRESS Bethel, Missouri	22c. DATE SIGNED 4/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Bethel Zion Cemetery	23d. LOCATION (City, town, or county) (State) 1 mi. West of Bethel, Mo.		
24. FUNERAL DIRECTOR ADDRESS C. W. Musgrove. Bethel, Missouri.		25. DATE RECD. BY LOCAL REG. May 6-59	26. REGISTRAR'S SIGNATURE Ada Garrison		

(Licensed Embalmer's Statement on Reverse Side)

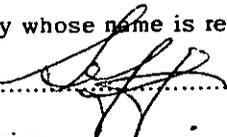
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

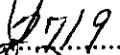
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STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. .....
P. O. Address .....

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.