

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038711

FILED VS OCT 20 1959

Registration District No. 360 Primary Registration District No. 4522 Registrar's No. 211

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harwood	Length of stay in 1b 21 yrs.	c. CITY OR TOWN Harwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William Homer Parsley			4. DATE OF DEATH Month Day Year October 10, 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 3/21/87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Hermitage, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas Parsley		13b. MOTHER'S MAIDEN NAME Mollie Byrd		14. NAME OF HUSBAND OR WIFE Margaret Lillian	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-40-9266	17. INFORMANT Melvin Ogden Hickman Address 11409 Eastern Mills, Mo.			
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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) Metastatic Carcinoma of liver			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of Urinary Bladder	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 a.m. p.m. Month, Day, Year					

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	STATE
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21. I attended the deceased from **Oct. 1955** to **Oct. 10, 1959** and last saw him alive on **Oct. 9, 1959**
Death occurred at **10:30 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert K. Magee M.D.		22b. ADDRESS El Dorado Springs, Mo		22c. DATE SIGNED 10-12-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/12/59	23c. NAME OF CEMETERY OR CREMATORY Cemetery El Dorado Springs	23d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.	
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24. FUNERAL DIRECTOR Lewis & Son Schell City, Mo.		25. DATE RECD. BY LOCAL REG. 10-14-59	26. REGISTRAR'S SIGNATURE Arma E. Perry	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 G. Lewis

Licensed Embalmer No. 4774

P. O. Address Schell City

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.