

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013864

FILED VS APR 14 1960

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 30 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Shelby		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tiger Fork TOWNSHIP		a. STATE Missouri COUNTY Shelby		c. CITY OR TOWN Shelbyville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home - PFD 2		Length of stay in 1b 70 years		d. STREET ADDRESS (If outside, give location) SHELBYVILLE MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Laura		Middle Jenett		Last Parson		Month Day Year March 31, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and state or country) Marion County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME C. C. Calvert			13b. MOTHER'S MAIDEN NAME Eliza Spaw		14. NAME OF HUSBAND OR WIFE Edgar Pearl Parson		
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. 497-421-669		17. INFORMANT Address Geo. Parson Shelbyville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial Failure						1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular Disease						15 Years	
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		
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
21. I attended the deceased from July 1958 to 28 March 1960 and last saw her ^{her} live on 28 March 1960				Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Box 4 Leonard Mo.			22c. DATE SIGNED 4/5/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-2-1960		23c. NAME OF CEMETERY OR CREMATORY Looney Creek CEMETERY		23d. LOCATION (City, town, or county) (State) Shelby County Mo.	
24. FUNERAL DIRECTOR Greenings			ADDRESS Shelbyville, Mo.		25. DATE RECD. BY LOCAL REG. 4-6-1960		26. REGISTRAR'S SIGNATURE Ada Garrison

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles V. Freeman

Licensed Embalmer No. 4628

P. O. Address Clarence

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.