

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018037

FILED VS APR 19 1960 337

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 96 Registrar's No. 32

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 Shelbyville, Mo.		Length of stay in 1b 3 years	c. CITY OR TOWN Emden, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Emden, Mo. R.F.D.	
3. NAME OF DECEASED (Type or print) First Perry Middle Boone Last Parson			4. DATE OF DEATH Month April Day 11 , Year 1960		
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 2-24-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Shelby County	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James D. Parson		13b. MOTHER'S MAIDEN NAME Ruth E. Baldwin		14. NAME OF HUSBAND OR WIFE Jessie E. Parson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 498-36-6759		17. INFORMANT Address Robert G. Parson, Hannibal, 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) Carcinoma of submandibular gland					INTERVAL BETWEEN ONSET AND DEATH 1 year
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)				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 March 1957 to April 11, 1960 and last saw him ^{her} alive on April 10, 1960 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Charles R. [Signature] MD			22b. ADDRESS Shelbyville, Mo		22c. DATE SIGNED 4/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 13, 1960	23c. NAME OF CEMETERY OR CREMATORY I.O.C.F. Cemetery		23d. LOCATION (City, town, or county) (State) Shelbyville, Mo.	
24. FUNERAL DIRECTOR ADDRESS Greening Shelbyville, Mo.			25. DATE RECD. BY LOCAL REG. Apr 13-1960		26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961 21 MAY
MAY 1 1960

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. Green

Licensed Embalmer No. 402

P. O. Address Chenice

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.