URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

EILED VS DEC 14 1960

-60-042496

STATE FILE NUMBER

NDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 598

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Length of stay in 1b: 2 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 819 HARLEM AVE. (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLES Middle NEWTON Last PARSONS
4. DATE OF DEATH Month DECEMBER Day 4, Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 2-6-1899
9. AGE (last birthday) 61
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) RETIRED- SOLDIER
10b. KIND OF BUSINESS OR INDUSTRY U. S. ARMY
11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME NEWTON PARSONS
13b. MOTHER'S MAIDEN NAME SALLY ANN ROSE
14. NAME OF HUSBAND OR WIFE ------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES- W.W. I & W.W. II (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK
17. INFORMANT -SIS MRS. GENEVA CHARPENTIER, Address RT.2, JOPLIN

MEDICAL CERTIFICATION

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)	Hepatic failure as result of hepatitis of unknown etiology.	unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinoma of the duodenum.	unknown
DUE TO (c)	Pulmonary tuberculosis & Tuberculosis of the pancreas.	1946

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-1-60, to 12-4-60 and last saw her/him alive on 12-3-60
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Kuhn Jr., M.D. Degree or title
22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.
22c. DATE SIGNED 12-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-6-60
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 12-7-60
26. REGISTRAR'S SIGNATURE Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 16 1960

DEC 23 1960

JAN 6 1961

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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