

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-043037

FILED VS DEC 6 1960

274

Registration District No. *274* Primary Registration District No. *2052*

Registrar's No. *396*

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <i>Pettis</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i> Length of stay in lb <i>9 days</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Morgan</i> c. CITY OR TOWN <i>Syracuse</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>No Street numbers</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>MILDRED Frances PARSONS</i>			4. DATE OF DEATH Month Day Year <i>November, 23rd, 1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2/26/1904</i>	9. AGE (last birthday) <i>56</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Postmaster</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Postoffice</i>		11. BIRTHPLACE (City and state or country) <i>Syracuse, Missouri</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>Harry Parsons</i>		13b. MOTHER'S MAIDEN NAME <i>Gussie Bridges</i>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>495-01-6185</i>	
17. INFORMANT Address <i>Mrs. A. L. Lacer--Sedalia, Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Adenocarcinoma, Colon & extensive Metastasis to Mesentery and Lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>12 weeks</i> 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 checked="" 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 <i>March 1954</i> to <i>November 60</i> and last saw her <i>November 23</i> alive on Death occurred at <i>1:30</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>JV Siegel MD</i> (Degree or title)			22b. ADDRESS <i>Smithton, Mo</i>		22c. DATE SIGNED <i>11/24/60</i> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>November, 25, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Syracuse Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Syracuse, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Jewell E. Richards--Tipton, Missouri</i>			25. DATE RECD. BY LOCAL REG. <i>Nov 27, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1960

JAN 24 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jewell E. Richa

Licensed Embalmer No. 2466

P. O. Address Lipton -

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.