

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043114

FILED VS DEC 7 1960

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 133

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Length of stay in 1b <u>8 hrs.</u>		c. CITY OR TOWN <u>Bolivar</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>George Dimmitt Memorial Hosp</u>				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 <u>LEON</u> Middle _____ Last <u>PARSONS</u>			4. DATE OF DEATH Month <u>November</u> Day <u>26</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 1916</u>	9. AGE (last birthday) <u>43</u>	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) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Preaching</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Everett Parsons</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Hayworth</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Parsons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Everett Parsons Marionville, Mo</u> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Injured in automobile collision</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Internal Hemorrhage + Shock</u> DUE TO (c) <u>Fractures + Lacerations of Extremities.</u> 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							INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>automobile collision</u>				
20c. TIME OF INJURY <u>8:00</u> p.m. Month, Day, Year <u>11/25/60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.) <u>Highway 13 N. Humansville</u>		20f. CITY, TOWN, OR LOCATION <u>3 miles. McClair Mo.</u>	
21. I attended the deceased from <u>11/25/60</u> to <u>11/26/60</u> and last saw him alive on <u>11/26/60</u> Death occurred at <u>5:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>G. G. Robinson</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Humansville, Mo.</u>		22c. DATE SIGNED <u>11/28/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 28, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Fellows Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lawrence County Mo.</u>	
24. FUNERAL DIRECTOR <u>Bradford - Durage - Marionville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 29, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon, registrar</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1930

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 Chadney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bolivar, Mo

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.