MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028033
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 131

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sikeston, — Length of stay in this place: 7yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Delta Community — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Scott
c. CITY OR TOWN: Sikeston, — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Sikeston, — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Parlene — Middle: xxxxx — Last: Toles

4. DATE OF DEATH: Month: July — Day: 8th — Year: 1961

5. SEX: Female
6. COLOR OR RACE: Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5.10.1921
9. AGE (last birthday): 40 — 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:
11. BIRTHPLACE (City and state or country): Drew, Mississippi
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
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)
16. SOCIAL SECURITY NO.
17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed Chest - Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 25 Min. -
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. ☐ 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.) Collision of Two Cars
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 7-8-61
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.): Farm to Market Rd
20f. CITY, TOWN, OR LOCATION: Rural — COUNTY: Stoddard — STATE: Mo

21. I attended the deceased from First Call after Death to and last saw him alive on
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde Pa (Degree or title): Coroner
22b. ADDRESS: Sikeston Mo
22c. DATE SIGNED: 7/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-14-1961
23c. NAME OF CEMETERY OR CREMATORY: Smith West End Court
23d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.

24. FUNERAL DIRECTOR: Smith Funeral Home — ADDRESS: Sikeston, Mo.
25. DATE RECD. BY LOCAL REG.: 7-18-61
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Fred J. Smith

Signature of Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Sikeston,

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.