

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035799

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 11 Primary Registration District No. 5047 Registrar's No. 13

STATE FILE NUMBER

AMENDED

FILED OCT 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BARRY		b. CITY (If outside corporate limits, give TOWNSHIP only) JENKINS		a. STATE MO.		b. COUNTY BARRY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cassville OSTEOPATHIC HOSP. B.O.A.		Length of stay in 1b 20yrs		c. CITY OR TOWN JENKINS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SHIRLEY Middle JEAN Last PARTON		4. DATE OF DEATH Month OCTOBER Day 7 Year 1961		d. STREET ADDRESS (If outside, give location) RT. 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX FEMALE	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 2/3/41	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	IF UNDER 24 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) JENKINS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME RUE WOLF			13b. MOTHER'S MAIDEN NAME ERMA EDGMOND		14. NAME OF HUSBAND OR WIFE JOE PARTON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT Address JOE PARTON, JENKINS, MO. RFD 1		
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) Cerebral Hemorrhage						30 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. <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 _____ to _____ and last saw her/him alive on _____. Death occurred at 5:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. H. Johnson M.D.				22b. ADDRESS Cassville, Mo.		22c. DATE SIGNED 10-7-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/10/61	23c. NAME OF CEMETERY OR CREMATORY CLIO CEMETERY		23d. LOCATION (City, town, or county) (State) JENKINS BARRY, MISSOURI		
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.			25. DATE RECD. BY LOCAL REG. 10-10-61		26. REGISTRAR'S SIGNATURE Grace Williams		

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 W. Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, Mo.

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.