

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **62-019227**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 226

**FILED MAY 16 1962**

VS 300  
Rev. 4/59

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29005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. - SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Independence</b>		Length of stay in 1b <b>10 yrs</b>	c. CITY OR TOWN <b>Independence</b>
c. FULL NAME OF (IF NOT in hospital, give location) <b>Home Four Pines Retirement</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3713 Hardy</b>
3. NAME OF DECEASED (Type or print) First <b>Rose</b> Middle <b>Ellen</b> Last <b>Parsley</b>		4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>87</b>
13a. FATHER'S NAME <b>William Hanners</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Matilda Williams</b>	11. BIRTHPLACE (City and state or country) <b>Carrollton, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure, acute</b>		17. INFORMANT <b>Mrs. Lina Selden, 5501 Blue Ridge</b>	
DUE TO (b) <b>Bronchopneumonia, Bilat.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Days</b>	
DUE TO (c) <b>Arteriosclerotic Cardio-Vasc. Dis.</b>		<b>5 Days</b>	
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 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 II or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m.: p.m.:		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 <b>Nov. 2, 1959</b> to <b>May 7, 1962</b> and last saw her alive on <b>May 7, 1962</b> . Death occurred at <b>9:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>A. Eshelman M.D.</b>		22b. ADDRESS <b>9306 E New 40 Highway Independence, Mo.</b>	22c. DATE SIGNED <b>5-9-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-10-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills, Inc Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Floral Hills Memorial Chapels, Inc 5-9-62 Blue Ridge &amp; Gregory</b>		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>	

(Licensed Embalmer's Statement on Reverse Side)

Wed - 8:00 - 5:30  
Thurs - 7:00 - 2:00  
726-2000  
H. A. B. Co.  
H. A. B. Co.  
H. A. B. Co.  
H. A. B. Co.

**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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. O. Home

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.