Dr YOULL

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030656
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1342

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 6.397
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 3 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DRS. MEMORIAL HOSP. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First HARRY Middle E. Last PARSLEY
4. DATE OF DEATH: Month SEPT. Day 4 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/15/82
9. AGE (last birthday): 79 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: SHOE REPAIRMAN
11. BIRTHPLACE (City and state or country): BENTON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: BEN PARSLEY
13b. MOTHER'S MAIDEN NAME: HANNAH (UNKNOWN)
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: MRS. RICHARD HALSEY, SPRINGFIELD, MO.

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) Medullary Paralysis (Increased intracranial
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pressure). Thrombotic Encephalomalacia with
DUE TO (c) Cerebral Hemorrhage, Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.): no injury
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 12 1962, to Sept. 4 1962 and last saw her/him alive on Sept 4 1962
Death occurred at 11.55 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. F. Youll D.O. (Degree or title)
22b. ADDRESS Springfeild Mo 234½ E Commercial St
22c. DATE SIGNED 9/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9/6/62
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): BROWNINGTON, MO.

24. FUNERAL DIRECTOR: H.H. LOHMEYER FUNERAL HOME
ADDRESS: SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 9-6-62
26. REGISTRAR'S SIGNATURE: Effie S. Meeton

(Licensed Embalmer's Statement on Reverse Side)

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: Lucien T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.

Permit 8-5-63