

STANDARD CERTIFICATE OF DEATH

State File No. **1202**

FILED JAN 10 1956

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5534		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Forest City (rural Forest twp. 10 yrs)		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Forest City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 5 miles north west of Forest City			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Andrew		c. (Last) Parsons		4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 12, 1901	
9. AGE (in years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		11. BIRTHPLACE (City and State or Foreign Country) New Point Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Riley Parsons		13b. MOTHER'S MAIDEN NAME Mary Jane Mc Neese		14. NAME OF HUSBAND OR WIFE Clarice Irene Parsons			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-01-3026		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Parsons ADDRESS Forest City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COVARIARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4251			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Nov , 19 55 , to Nov , 19 55 , that I last saw the deceased alive on Dec 2 , 19 55 , and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. H. E. Carlson D.O.				23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 1/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 4 1956		24c. NAME OF CEMETERY OR CREMATORY Forest City		24d. LOCATION (City, town, or county) (State) Forest City, Missouri	
DATE REC'D BY LOCAL REG. 1-6-56		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address *Oregon*

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.