

**CERTIFICATE OF DEATH**

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 391

DO NOT WRITE ON THIS STUB

9. 0

10a. 86

10b. 03

11. 1

12. 1

13. 582X

14. 4

15. 4

16. 0

17. 0

18. 0

19. CREDITS

20. 2-0

VS 300  
Rev. 1/70

4. 0168

5. 03

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 1001

**PARENTS**

**CAUSE**

DECEASED—NAME FIRST MIDDLE LAST <b>Robert Benjamin Parson</b>		SEX 2. <b>male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Aug. 13, 1971</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>white</b>		AGE—LAST BIRTHDAY (YEAR, MONTH, DAY) 5a. <b>86</b> 5b. <b>8</b> 5c. <b>22</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>Nov. 21, 1884</b>
CITY, TOWN, OR LOCATION OF DEATH 7a. <b>Cape Girardeau</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>Southeast Hospital</b>
STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY) 8. <b>Pennsylvania</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>married</b>
SOCIAL SECURITY NUMBER 12. <b>492-05-8197</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Butcher (retired)</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Retail Grocery</b>
RESIDENCE—STATE 14a. <b>Missouri</b>	COUNTY 14b. <b>Scott</b>	CITY, TOWN, OR LOCATION 14c. <b>Chaffee</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>yes</b>
FATHER—NAME FIRST MIDDLE LAST 15. <b>Benjamin NMN Parson</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <b>unknown</b>	
INFORMANT—NAME 17a. <b>Mrs. Robert Parson</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. <b>331 E. Davidson - Chaffee, Mo. 63740</b>	
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
18. <b>Chr. Uræmia, due to chronic</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:			
(b) <b>Chronic Nephritis</b>			
(c) <del>Acute</del>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a. <b>No</b>	
<b>Chronic myocarditis and Acute Uræmic Reten.</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. <b>no</b>	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM <b>8-3-71</b>	TO <b>8-13-71</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c. <b>8-13-71</b>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. <b>Did not</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. <b>8:25 AM</b>	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. <b>13-71</b>
CERTIFIER—NAME (TYPE OR PRINT) 23a. <b>Paul B. Nussbaum MD</b>	SIGNATURE 23b. <i>Paul B. Nussbaum</i>	DEGREE OR TITLE 23c. <b>MD</b>	DATE SIGNED (MONTH, DAY, YEAR) 23d. <b>8-18-71</b>
MAILING ADDRESS—CERTIFIER 23e. <b>1658 Bro. Aways</b>		CITY OR TOWN 23f. <b>Cape Girardeau</b>	STATE 23g. <b>Mo</b>
BIRIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>Union Park Cem.</b>	LOCATION (CITY OR TOWN STATE) 24c. <b>Chaffee, Missouri</b>
DATE (MONTH, DAY, YEAR) 24d. <b>Aug. 16, 1971</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. <b>Bisplinghoff Funeral Home - Chaffee, Mo. 63740</b>	
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Jack T. Burnett</i>		REGISTRAR—SIGNATURE 25b. <i>George Goodson</i>	DATE RECEIVED BY LOCAL REGISTRAR 25c. <b>8-21-71</b>

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.