

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15252**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>4119</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>County of Christian, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian County</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Linden Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazewood Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Parson</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>w.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 6 - 1872</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm Parson</u>		13b. MOTHER'S MAIDEN NAME <u>Donk Know</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Parson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Parson, Rogersville Mo.</u> ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage (of brain)</u> 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. <u>arteriosclerosis, generalized</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>  <u>yes.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>330X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>8 May, 1949</u> , to <u>9 May, 1949</u> , that I last saw the deceased alive on <u>9 May, 1949</u> , and that death occurred at <u>9:17 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Owen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ozark, MO</u>		23c. DATE SIGNED <u>18 May 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boulton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County Mo.</u>	
DATE REC'D BY LOCAL REG <u>June 1 1949</u>		REGISTRAR'S SIGNATURE <u>Luitell M. Leonard</u>		59 FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 649-668

Date Filed 6-13-49

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 .....  
Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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 this body is not embalmed, fact should be so stated above.