S. No. 300
v. 10-48

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

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36196

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5018 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY: Farm home Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Guilford Mo. R.R.
c. LENGTH OF STAY (in this place): All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Guilford Mo. R.R.
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): William Jennings Bryan Parsons

4. DATE OF DEATH (Month) (Day) (Year): 11 3 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11.3.1899
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Gentry Co Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm.R.Parsons
13b. MOTHER'S MAIDEN NAME: Mary McNeese
14. NAME OF HUSBAND OR WIFE: Eva Viola

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Wm.R.Parsons — ADDRESS: St.Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) with infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-22, 1949, *to* 10-3-, 1949, *that I last saw the deceased alive on* 10-29, 1949, *and that death occurred at* 1A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack A Barnes MD
23b. ADDRESS: King City, Mo
23c. DATE SIGNED: 11-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11.5.1949
24c. NAME OF CEMETERY OR CREMATORY: Grandview
24d. LOCATION (City, town, or county) (State): Albany Mo.

DATE REC'D BY LOCAL REG.: 11-9-49
REGISTRAR'S SIGNATURE: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE: R. G. Jaggart — ADDRESS: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 14 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed R. L. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.