

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24054

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 271

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reels</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London 0870</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Murray</u> b. (Middle) <u>R.</u> c. (Last) <u>Parsons</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1950</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 4, 1872</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>13</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 | | 11. BIRTHPLACE (State or foreign country) <u>Pittsville, Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME _____ | 13b. MOTHER'S MAIDEN NAME <u>Hannah</u> | 14. NAME OF HUSBAND OR WIFE <u>Mattie Parsons</u> |
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| 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>Mrs. John Conyers Hannibal, Mo.</u> | ADDRESS _____ |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>5600</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial hypertrophy</u> <u>arterio-sclerotic</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>7-3-50</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Right inguinal hernia</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min.) _____ | 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 5-10, 1950, to 7-17, 1950, that I last saw the deceased alive on 7-17, 1950, and that death occurred at 8:52 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. L. Murphy, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Hannibal, Mo.</u> | 23c. DATE SIGNED <u>7-24-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-19-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>New London, MO</u> |
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| DATE REC'D BY LOCAL REG. <u>8-2-50</u> | REGISTRAR'S SIGNATURE <u>R. E. M. Lucke Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> | ADDRESS <u>Hannibal, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5644

RECEIVED AUG 10 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 10 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.