

No. 300  
10. 48

FILED SEP 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30063

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 73

411  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany, Missouri	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) U	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Charles Skirrow Parsons b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 9-3-51		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb/ 11, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpenter	11. BIRTHPLACE (State or foreign country) Worth Co., Mo/ O		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Henry Parsons	13b. MOTHER'S MAIDEN NAME Sarah Jane Smith	14. NAME OF HUSBAND OR WIFE Opal Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid		
	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. 153X			

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 <input type="checkbox"/> 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 Sept 19, 1951, to Sept 3, 1951, that I last saw the deceased alive on Sept 3, 1951, and that death occurred at 2:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE Merriam Gearhart MD	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/5/51	24c. NAME OF CEMETERY OR CREMATORY Miriam
		24d. LOCATION (City, town, or county) (State) Bethany, Mo.

DATE REC'D BY LOCAL REG. 9/11/51	REGISTRAR'S SIGNATURE Zola Burres	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. H. A. Bethany, Mo.
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**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.....

*W B Haas*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.