

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5001</u>		Registrar's No. <u>305</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>			
b. CITY OR TOWN <u>RURAL - CHAY</u>		c. LENGTH OF STAY (in this place) <u>52413</u>		c. CITY OR TOWN <u>RURAL - CHAY</u>		<u>0010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>10 MI-N-BRASHEAR</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>HOUESA</u>		c. (Last) <u>PARSONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 29 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 7 1859</u>		9. AGE (in years last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>HANCOCK CO ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN BARBER</u>		13b. MOTHER'S MAIDEN NAME <u>HESTER MARKLEY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN PARSONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>101-101010</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOTTIE PARSONS BRASHEAR MO</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u> <u>*(Apparently) (See 22)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(Senile) cachexia</u> DUE TO (c) <u>Fracture, rt femur 7-11-51 (aggravated being bedridden, etc.)</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia (coexisting)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Few hrs</u> <u>Few wks</u> <u>Few mos.</u> <u>Several days.</u>	
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION. <u>69040</u> <u>121</u>		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) (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 <u>July 11, 1951</u> , to <u>Sept. 17, 1951</u> , that I last saw the deceased alive on <u>9-17-</u> , 1951, and that death occurred at <u>12:58</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Podewick, D.O.</u>				23b. ADDRESS <u>104 1/2 N. Franklin St. Kirksville, Mo.</u>		23c. DATE SIGNED <u>11-12-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 31 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR</u>		24d. LOCATION (City, town, or county) (State) <u>BRASHEAR MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-14-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Casey, Jr. Hurdland Mo.</u>			

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

Date Received: NOV 20 1931
DISTRICT HEALTH OFFICE #
District File Number // - 57 - 2
Date Filed: NOV 20 1931

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

Edw. W. ...

Licensed Embalmer No. 3253

P. O. Address *Hudon No.*

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.