

FILED DEC 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42246
Registrar's No. 128

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5740

1. PLACE OF DEATH

a. COUNTY **Macon**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **East Lingo Twp**) c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Chariton**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clark Twp.**

d. STREET ADDRESS (If rural, give location) **South Of Marceline, Mo.**

3. NAME OF DECEASED (Type or Print)

a. (First) **Stanley** b. (Middle) **Benevidis** c. (Last) **Parsons**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 10, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Married**

8. DATE OF BIRTH **Aug. 10, 1894**

9. AGE (in years last birthday) **57**

IF UNDER 1 YEAR Months **4** Days **1** IF UNDER 24 HRS. Hours **1** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real Estate**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Edina, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Fred Parsons**

13b. MOTHER'S MAIDEN NAME **Stella Oldfather**

14. NAME OF HUSBAND OR WIFE **Francis Parsons**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. S.B. Parson Marceline, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary Thrombosis*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **Inst.**

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles L. Hutton Coroner**

23b. ADDRESS **Macon, Mo.**

23c. DATE SIGNED **12/12/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **12/14/51**

24c. NAME OF CEMETERY OR CREMATORY **Linville Cemetery**

24d. LOCATION (City, town, or county) (State) **Edina, Missouri**

DATE REC'D BY LOCAL REG. **12/12/51**

REGISTRAR'S SIGNATURE **Josephine King**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **James M. Laughlin Marceline, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

610
3

74-51962

VS JUN 23 1959

RECEIVED 12.18.51
MASON COUNTY HEALTH DEPARTMENT
County File No. 12.51.196
Date Filed 12.19.51

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 X

Student Embalmer No. X

working under my personal supervision.

Student X Student Embalmer

Signed George W. Dawselt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.