S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20871

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena 8150
d. STREET ADDRESS (If rural, give location) RR 4-2

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Wesley
c. (Last) Parsons

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Mar 10, 1899
9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Wheat & Corn
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jessie Parson
13b. MOTHER'S MAIDEN NAME Viola McCaslin
14. NAME OF HUSBAND OR WIFE Myrtle Parson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Mrs John F. Tipton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Silico tuberculosis — INTERVAL BETWEEN ONSET AND DEATH UNK —

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 001X
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* 5-24, 1950, *to* 6-1, 1952, *that I last saw the deceased alive on* 6-1, 1952, *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE D D Douglas (Degree or title) M.D.
23b. ADDRESS Frisco Bldg Joplin
23c. DATE SIGNED 6/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5
24b. DATE June 1 - 1952
24c. NAME OF CEMETERY OR CREMATORY Lowell
24d. LOCATION (City, town, or county) (State) Lowell Ks

DATE REC'D BY LOCAL REG. 6-9-52
REGISTRAR'S SIGNATURE Ed O. James 138 by Dolores Lamphin Sr.
25. FUNERAL DIRECTOR'S SIGNATURE Haven Leuman ADDRESS Ks

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-12-52
Jasper County Health Office
County File Number 52/6/451
Date Filed 6-12-52

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 Haven Freeman

Signed ..... Student Embalmer

Licensed Embalmer No. 2067

P. O. Address Galena Kans

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.