

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 377

941

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 429 N. ALLEN		d. STREET ADDRESS (If rural, give location) 429 N. ALLEN	

3. NAME OF DECEASED a. (First) JAMES b. (Middle) HENRY c. (Last) PARKINSON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED 2	8. DATE OF BIRTH Nov. 26, 1878	9. AGE (In years last birthday) 74	10. 1 YEAR 0 24 HRS. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) DESLOGE Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HENRY PARKINSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DOLLIE PARKINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NONE	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME MRS HERMAN SELZER ADDRESS BONNE TERRE Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive vascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 years	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus			7 1/2 yrs
	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 260X	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) m.	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 **June 4, 1945**, to **Nov. 23, 1952**, that I last saw the deceased alive on **Nov. 23, 1952**, and that death occurred at **4:53 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Marvin J. Hew, J.O. M.D. (Degree or title)	23b. ADDRESS Bonne Terre, Mo.	23c. DATE SIGNED 11/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 29, 1952	24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.
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DATE REC'D BY LOCAL REG. Nov. 29, 1952	REGISTRAR'S SIGNATURE Ethel Rudloff 289-9	25. FUNERAL DIRECTOR'S SIGNATURE Beckham ADDRESS Bonne Terre 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.....

Charles J. Raywell

Licensed Embalmer No. *13704*

P. O. Address *Donnerberg, 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.