

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19133

State File No. ....

FILED JUN 15 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Twp.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Liberty Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knob Lick R.R. 1</u>		e. STREET ADDRESS (If rural, give location) <u>Knob Lick R.R. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Parlee</u> b. (Middle) <u>Paulina</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White US</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>"idowed"</u>	8. DATE OF BIRTH <u>April 10, 1879</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>1</u>	11. DAYS <u>29</u>	12. IF UNDER 18 HRS. <u>Min.</u>
----------------------	----------------------------------	--	--	---	---------------------	--------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Zion, Madison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	-----------------------------------	--	--	---

13a. FATHER'S NAME <u>Marion E. Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Sturgeon</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold E. White, Knob Lick, Missouri</u>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>Ch. interstitial nephritis</u>		
	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 <u>4201</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)	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 also, 1952, to 6-9, 1953, that I last saw the deceased alive on 6-8, 1953, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.O. Reiber M.D.</u>	23b. ADDRESS <u>Dealego Mo</u>	23c. DATE SIGNED <u>6-10-53</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Libertyville, Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 12, 1953</u> <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home, Farmington, Mo</u>
--	---

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

---

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Burt K. Dugal

Licensed Embalmer No. 412

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.