

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5585 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY JEFFERSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VICTORIA RURAL  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JEFF.  
c. CITY OR TOWN VICTORIA  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) HILLSBORO ROAD

3. NAME OF DECEASED  
a. (First) STELLA b. (Middle) LOUISE c. (Last) PARISETT

4. DATE OF DEATH (Month) (Day) (Year)  
MAY 29 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH NOV. 12, 1900

9. AGE (In years last birthday) Months Days Hours Mins.  
53 6 17

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) BLOOMSDALE MO.

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

13a. FATHER'S NAME FRANK CHARLESVILLE

13b. MOTHER'S MAIDEN NAME MARY BILLY

14. NAME OF HUSBAND OR WIFE LEO N. PARISETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. 490-22-5257

17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEO N. PARISETT VICTORIA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of breast, with cerebral metastasis  
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) \_\_\_\_\_  
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 170 X

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 May 15, 1954, to May 29, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.

23b. ADDRESS De Soto, Mo.

23c. DATE SIGNED 5-29-54

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

24b. DATE MAY 31 1954

24c. NAME OF CEMETERY OR CREMATORY CATHOLIC

24d. LOCATION (City, town, or county) (State) CRYSTAL CITY MO.

DATE REC'D BY LOCAL REG. 5-30-54

REGISTRAR'S SIGNATURE Pauline Parise

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAMES R. CADY CRYSTAL CITY

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 3 1954

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 *James Richard Cadre*  
Licensed Embalmer No. *4306*  
P. O. Address *CRYSTAL*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.