

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22526

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>99</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (In this place) <u>2</u> YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 WEST THIRD STREET</u>				d. STREET ADDRESS (If rural, give location) <u>314 WEST THIRD</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ALMA</u>		c. (Last) <u>PARSONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1955</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 6, 1887</u>			
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR <u>1</u> Months		# UNDER 1 YEAR <u>8</u> Days		# UNDER 1 MRS. Hours <u>1</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SHIPPING CLERK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SKIDMORE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>PHILLIP P SHULL</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA E. MAST</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS L. PARSONS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-07-4671A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS S. PARSONS</u>				ADDRESS <u>WEBB CITY, MO</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>4 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		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 <u>May</u> , 19 <u>54</u> to <u>July</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 9</u> , 19 <u>55</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George H. Smith M.D.</u>				23b. ADDRESS <u>222 So. Webb City</u>		23c. DATE SIGNED <u>7/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SKIDMORE MO</u>			
DATE REC'D BY LOCAL REG. <u>7-16-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY, MO</u>					

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

Jasper County Health Office

County File Number 55-2476

Date Filed JUL 1 9 1955

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.