

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

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32523**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4098** Registrar's No. **144**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give town or township) BELTON		c. CITY OR TOWN BELTON	
c. LENGTH OF STAY (in this place) 40 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 621 Second St		STREET ADDRESS (If rural, give location) 621 SECOND STREET	
3. NAME OF DECEASED a. (First) MAYME		b. (Middle) MC SPADDEN	
c. (Last) PARSONS		4. DATE OF DEATH (Month) (Day) (Year) 10 - 12 - 55	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 24, 1879	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Freeman, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Mc Spadden		13b. MOTHER'S MAIDEN NAME Maria Ashbaugh	
14. NAME OF HUSBAND OR WIFE James E. Parsons			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME J. E. McSpadden		ADDRESS Raytown, Missouri	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION, ACUTE		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION, POSTERIOR + SEPTAL, SEVERE		3 MIN.	
DUE TO (c) CORONARY OCCLUSION, 8/22/55		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDITIS, CHRONIC, MILD RHEUMATOID POLY-ARTHRITIS		2 Mo.	
19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION INTestinal Obstruction, 1949.		5 YRS. 20 YRS.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BELTON, CASS, MISSOURI		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? None		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BELTON, CASS, MISSOURI		21h. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **Dec. 20, 1945**, to **Oct. 12, 1955**, that I last saw the deceased alive on **Oct. 11, 1955**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert A. Tracy		(Degree or title) M.D.		23b. ADDRESS BELTON, Mo.		23c. DATE SIGNED 10-13-55	
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24a. BURIAL, CREMATION, ETC. (Specify) Burial		24b. DATE 10-14-55		24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery		24d. LOCATION (City, town, or county) (State) Belton, Missouri	
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DATE REC'D BY LOCAL REG. Oct 13 1955		REGISTRAR'S SIGNATURE Nora Barman		25. FUNERAL DIRECTOR'S SIGNATURE E.K. George & Sons, Inc.		ADDRESS Belton, 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

Signature of Student Embalmer

Signed

Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.