

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21001**

37469-56  
FILED JUL 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **5032** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Warrensburg</b> )		c. LENGTH OF STAY (In this place) <b>2 Hrs.</b>	c. CITY OR TOWN <b>Warrensburg</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>409 North Maguire Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NOT</b> b. (Middle) <b>NAMED</b> c. (Last) <b>Parsons</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 27, 1956</b>		9. AGE (In years last birthday) <b>2</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>0</b> IF UNDER 24 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Warrensburg, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Floyd D. Parsons</b>		13b. MOTHER'S MAIDEN NAME <b>Melva L. Brown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Floyd L. Brown, Warrensburg, Mo.</b>	

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) <b>prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>maternal injury</b> DUE TO (c) <b>mother had a fall</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b> <b>28 hrs.</b> <b>28 hrs.</b>	
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 <b>776X</b>		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 **6-27-1956**, to **6-27-1956**, that I last saw the deceased alive on **6-27-1956**, and that death occurred at **6:25** m., from the causes and on the date stated above.

23a. SIGNATURE 		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Warrensburg, Missouri</b>	
23c. DATE SIGNED <b>6-28-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>28 June 56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>June 29, 1956</b>		REGISTRAR'S SIGNATURE <b>Savannah Cretchfield</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sweeney-Phillips, Warrensburg, Mo.</b>	
---	--	---	--	--	--

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

DECEASED  
JUL 2 1956  
JOHNSON COUNTY HEALTH DEPT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>was</sup> ~~is~~ embalmed

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John P. Rogers*

Licensed Embalmer No. *496*  
*Warrensburg*  
P. O. Address.....

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.