

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25152

FILED JUL 20 1958

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6298

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PACIFIC HOSPITAL		e. STREET ADDRESS (If rural give location) 6606 Vermont 2019					
3. NAME OF DECEASED (Type or Print) a. (First) PARSONS, JOHN b. (Middle) MILTON c. (Last)		4. DATE OF DEATH		Jul 9 3, 1956			
5. SEX M 9 W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M			
8. DATE OF BIRTH 12-31-1874		9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months Days 11. UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. R.R. Switchman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel Parsons		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Rose		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Rose Parsons		ADDRESS 6606 Vermont					
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) ARTERIOSCLEROTIC heart disease ANTECEDENT CAUSES Generalized arteriosclerotic heart disease - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis Pneumonia, Bronchial DUE TO (c) PNEUMONIA, Bronchial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 15 yrs 4 wks	
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) 7-2-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 420.0			
22. I hereby certify that I attended the deceased from May 30 1956, to July 3 1956, that I last saw the deceased alive on July 2, 1956, and that death occurred at 9:35 a.m., from the causes and on the date stated above. 7-3-56							
23a. SIGNATURE John Carrier		(Degree or title) M.D. 462 No. Taylor		23c. DATE SIGNED 7-3-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-1956		24c. NAME OF CEMETERY OR CREMATORY New Picher			
24d. LOCATION (City, town, or county) St Louis		24e. (State) Mo.		24f. (City, town, or county) No.			
DATE REC'D BY LOCAL REG. JUL 5 1958		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W. P. Tindley Jr. 7178 Michigan			
		ADDRESS		ADDRESS			

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

Clarence Lockhart

Licensed Embalmer No. 3093

P. O. Address 7128 Mick

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.