THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40859

FILED DEC 31 1956

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chamber's Hosp. Length of stay in 1b 4 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Spgs. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 311 E. Martin Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Verda Middle Last Parsley

4. DATE OF DEATH Month Day Year 12-21-56

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 5, 1921
9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Cedar Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Jake Norman
14. MOTHER'S MAIDEN NAME Edith Metcalf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. —
17. INFORMANT Address Charles W. Parsley - El Dorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General Inanition and uremia — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the brain — 5 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 193x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 1954, to 12-21-56 and last saw her alive on 12-21-56
Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert L. Magee M.D.
22b. ADDRESS El Dorado Springs, Mo.
22c. DATE SIGNED 12-22-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-23-56
23c. NAME OF CEMETERY OR CREMATORY Hackleman Cemetery
23d. LOCATION (City, town, or county) (State) Cedar Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Gwin Carothers - El Dorado Spgs, Mo
25. DATE RECD. BY LOCAL REG. 12-26-56
26. REGISTRAR'S SIGNATURE George W. Nofer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4.6

P. O. Address El Dorad

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.