

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

State File No. 2251

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY OR TOWN LA MONTE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4-DAYS		STREET ADDRESS (If rural, give location) 0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) MATHIAS c. (Last) PARSELL			4. DATE OF DEATH (Month) (Day) (Year) JAN 4-1957		
5. SEX: MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAY-4-1870		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST	
11. BIRTHPLACE (City and State or Foreign Country) CINCINNATI, OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME BENJAMIN S. PARSELL		13b. MOTHER'S MAIDEN NAME NANCY COBURN		14. NAME OF HUSBAND OR WIFE JENNIE MAY ROBINSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-12-8610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS C. E. TERRY - LA MONTE MO	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
		ANTECEDENT CAUSES (b) General & Endocarditis 5 yrs.			
		DUE TO (c)			
		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 422.1		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 **Feb**, 19**57**, to **Jan**, 19**57**, that I last saw the deceased alive on **Jan 3**, 19**57** and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul M. Moore M.D.		23b. ADDRESS Grand Springs, Mo		23c. DATE SIGNED 1-5-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-7-1957		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG. 1-7-57		REGISTRAR'S SIGNATURE Lavino Cornt Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore - La Monte Mo			

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

MAR 10 1958

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 *Paul M. Moore*

Licensed Embalmer No. *392*

P. O. Address *Le Monte, Md.*

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.