

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2365

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 82

300
-57

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Warrenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Winfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Length of stay in lb 10 Months	d. STREET ADDRESS (If outside, give location) 0
3. NAME OF DECEASED (Type or print) First Sam Middle Parson Last Parson		4. DATE OF DEATH Month Feb. Day 17, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) Lincoln Co, Mo
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Verdict of Coroner's Jury.		17. INFORMANT Address Mo. Katie Jane Home records, Warrenton.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Death due to fire at Katie Jane Home, about 2:35 P.M.			
DUE TO (c) Origin of fire undetermined. 9167			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Burn of Katie Jane home	
20c. TIME OF INJURY Hour 2:35 Month, Day, Year Feb 17 1957 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Warrenton home		20f. CITY, TOWN, OR LOCATION Warrenton, Missouri, Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 3-10-57	
22a. SIGNATURE (Degree or title) D. E. King 992 Coroner. 3		22b. ADDRESS Warrenton, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Mass Burial		23b. DATE 2-26-57	23c. NAME OF CEMETERY OR CREMATORY City Cemetery
24. FUNERAL DIRECTOR F.W. Nisburg & Co., Warrenton, Mo		23d. LOCATION (City, town, or county) (State) Warrenton, Missouri	
25. DATE RECD. BY LOCAL REG. 3-10-57		26. REGISTRAR'S SIGNATURE Floyd Logan	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John J. Melburg* Licensed Embalmer No. *3897* P. O. Address *Warrenton, OR*

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.