

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35484

STATE FILE NUMBER

FILED NOV 13 1957

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1066

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 831 E. Normal | | d. STREET ADDRESS (If outside, give location) 831 E. Normal | |
| Length of stay in lb 35 yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) DAVID LEE PARSLEY | | | 4. DATE OF DEATH Nov. 2, 1957 | | |
| First | | Middle | | Last | |

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|--------------------|-------------------------------|---|---------------------------------------|---|---|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 21, 1874 | 9. AGE (In years last birthday) 83 | 10. FUNDER 1 YEAR Months Days Hours Min. | 11. IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Repairman | 10b. KIND OF BUSINESS OR INDUSTRY Watch | 11. BIRTHPLACE (City and state or country) Batesville, Ark. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Levi Parsley | 13b. MOTHER'S MAIDEN NAME Miza Crocker | 14. NAME OF HUSBAND OR WIFE Maude |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. No | 17. INFORMANT Address Mrs. Maude Parsley Springfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arterio-sclerosis generalized | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from June 1957 to Nov. 2, 1957 and last saw her alive on Oct 29, 1957 Death occurred at 10:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Edward Williams M.D. | 22b. ADDRESS Springfield | 22c. DATE SIGNED 11-4-57 |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-4-57 | 23c. NAME OF CEMETERY OR CREMATORY Greenlawn | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Ralph Thieme Springfield, Mo. | 25. DATE RECD. BY LOCAL REG. 11-6-57 | 26. REGISTRAR'S SIGNATURE Edward Williams |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

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 *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo

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.