

Health, Welfare, Public Service, 300-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2332

FILED FEB 13 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE 1170 b. COUNTY Pike Co.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Louisiana Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co Hosp Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle W. Last PARSON			4. DATE OF DEATH Month Feb Day 2 Year 1958
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 Sept 19 1909
9. AGE (In years last birthday) 49		10. IF UNDER 1 YEAR Months 4 Days 16	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTH PLACE (City and state or country) Pike Co. Mo
13. FATHER'S NAME John E. Parson		14. MOTHER'S MAIDEN NAME Lucy Edwards	
15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. YES	17. INFORMANT Address Mrs. John W. Parson Bowling Green Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Hypertrophic prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Terminal pneumonia. DUE TO (c) ---			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 610x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) ---
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 ---
21. Attended the deceased from 1/24/58 to 2/2/58 and last saw ^{him} alive on 2/2/58 Death occurred at 9:58 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) [Signature] M.D.		22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 2/7/58
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE Feb. 6-1958	23c. NAME OF CEMETERY OR CREMATORY Noix Creek	23d. LOCATION (City, town, or county) (State) Pike Co. Mo
24. FUNERAL DIRECTOR ADDRESS Trane Bankhead Bowling Green Mo.		25. DATE RECD. BY LOCAL REG. Feb 8, 1958	26. REGISTRAR'S SIGNATURE Bernice Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard indelible-ink form for no symptoms with no natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

MAR 14 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 *Harold C. King*

Licensed Embalmer No. *45*

P. O. Address *Bowling*

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.