

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015269

STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 278

Primary Registration District No. 2054

Registrar's No. 66

S. 300
1-57

82)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Louisiana 0822
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOTEL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last DAISY MAY PARSON		4. DATE OF DEATH Month Day Year Apr. 15 1958	
5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Bowling Green Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME THOMAS MOORE	
14. MOTHER'S MAIDEN NAME MARY SUTTON		15. NAME OF HUSBAND OR WIFE JOHN W. PARSON	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		17. SOCIAL SECURITY NO. —	
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 Accident		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 331X 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? 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 <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. I attended the deceased from _____ to _____ and last saw her dead on April 18 Death occurred at 9:15 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. O. Mudd Coroner 3		22b. ADDRESS Bowling Green Mo.	
22c. DATE SIGNED April 18-58		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE Apr 20 1958		23c. NAME OF CEMETERY OR OBITUARY 17 Six Creek	
23d. LOCATION (City, town, or county) Pike Co.		STATE MO	
24. FUNERAL DIRECTOR SPACE BANKHEAD		25. DATE RECD. BY LOCAL REG. April 23 1958	
ADDRESS Bowling Green		26. REGISTRAR'S SIGNATURE Bernice Callier	

APR 30 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. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Baltimore, 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.