

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021175
Stat. Rec. No.

FILED JUN 23 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. _____ Registrar's No. 358

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Lutesville, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South east Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt-1 7mi south Lutesville</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>LOUISA</u>	b. (Middle) <u>BERNADINE</u>	c. (Last) <u>PARSONS</u>	(Month) <u>6</u>	(Day) <u>9</u>	(Year) <u>58</u>
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>oct. 6, 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Glennon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John Beel</u>	13b. MOTHER'S MAIDEN NAME <u>June Vandiermeridan</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Parsons</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-42-0728</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louis Parsons, Lutesville</u> ADDRESS <u>Rt 1</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Arteriosclerosis</u>	II. OTHER SIGNIFICANT CONDITIONS <u>Acute Appendicitis</u>		<u>3 days</u>
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>6-7-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute Appendix</u>	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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-7, 1958, to 6-9, 1958, that I last saw the deceased alive on 6-9, 1958, and that death occurred at 5:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. McDonald, M.D.</u> (Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>6-12-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-12-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Mem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>

DATE REC'D BY LOCAL REG. <u>June 17, 1958</u>	REGISTRAR'S SIGNATURE <u>Mr. Homer E. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward, Lutesville Mo.</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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..... *K. O. Rain*

Licensed Embalmer No. *4538*

P. O. Address..... *Jordan, 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.