

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044961

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 120

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1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moran</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Versailles</u> ⁰⁷¹⁸
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hall West Home</u>		Length of stay in 1b <u>1 Mo.</u>	d. STREET ADDRESS (If outside, give location) <u>4 M. N. W.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Amanda Frances PARSONS.</u>			4. DATE OF DEATH Month Day Year <u>Dec. 28, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Can.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 4, 1859</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>99</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Moran Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Delinno</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Compton.</u>	
14. NAME OF HUSBAND OR WIFE <u>James J. Parsons</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>C. E. Parsons Versailles, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio-sclerosis.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>			INTERVAL BETWEEN ONSET AND DEATH <u>16 hours.</u> <u>720 years</u>
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 a.m. p.m. Month, Day, Year		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.) <u>California</u>		20f. CITY, TOWN, OR LOCATION <u>Moniteau</u> COUNTY <u>Mo</u> STATE	
21. I attended the deceased from <u>Dec 27, 1958</u> <u>Dec 28 56</u> and last saw her alive on <u>Dec 27 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edgar E. Kibbi</u> (Degree or title)		22b. ADDRESS <u>California</u>	
22c. DATE SIGNED <u>12/28/58</u>		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>30 Dec. 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moran Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec 28, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Helene L. Popejoy</u>

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 *Raymond Archer*

Licensed Embalmer No. *4626*

P. O. Address. *Versailles, 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.