THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002431
STATE FILE NUMBER 9

FILED JAN 28 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Pike
b. CITY OR TOWN Louisiana — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hspt — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike
c. CITY OR TOWN Bowling Green — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 0820 c (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ann Middle — Last Parsons
4. DATE OF DEATH Month Jan Day 15 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Apr. 7-1904
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months 9 Days 8 — IF UNDER 24 HRS. Hours — Min.
10a. 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) Omaha Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John McGuire
13b. MOTHER'S MAIDEN NAME Mary Kain
14. NAME OF HUSBAND OR WIFE Guy M. Parsons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes
16. SOCIAL SECURITY NO. —
17. INFORMANT Guy M. Parsons Address Bowling Green

MEDICAL CERTIFICATION

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 vascular accident (Probable Cerebral embolism) — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of left breast — 6 yrs
DUE TO (c) Recent Metastasis — 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/25/58 to 1/14/59 and last saw her alive on 1/14/59
Death occurred at 12:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas H. Lenellen M.D.
22b. ADDRESS Louisiana, Missouri
22c. DATE SIGNED 1/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 16 1959
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Indian Creek
23d. LOCATION (City, town, or county) (State) Pike Co. Mo
24. FUNERAL DIRECTOR Grace Bankhead
ADDRESS Bowling Green Mo
25. DATE FILED BY LOCAL REG. Jan 28 59
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harold C. Kir

Licensed Embalmer No. 4597

P. O. Address Bowling Gr

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.