

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010444

STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LOUISIANA</b>		c. CITY OR TOWN <b>NEW HARTFORD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last <b>SAMUEL BOWEN PARSON</b>			4. DATE OF DEATH Month Day Year <b>March 19 1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 30 1893</b>		9. AGE (In years last birthday) MONTHS DAYS <b>65 8 27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HANDLER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>PIKE CO. MO U. S. A.</b>	

13a. FATHER'S NAME <b>A. W. PARSONS</b>		13b. MOTHER'S MAIDEN NAME <b>Louise L. Young</b>		14. NAME OF HUSBAND OR WIFE <b>LESLIE PARSONS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Yes</b>		17. INFORMANT <b>Mar. S. B. Parson, N. Hartford, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Coronarctosis</b>			INTERNAL AND EXTERNAL ONSET AND DURATION <b>6 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca of Colon</b> 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 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. I attended the deceased from <b>1-1-58</b> to <b>3-19-59</b> and last saw him alive on <b>3-18-59</b>		Death occurred at <b>5:40</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>Chas H. Currier M.D.</b>		22b. ADDRESS <b>122 S. 3rd. Louisiana, Missouri</b>		22c. DATE SIGNED <b>3-21-59</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>March 21, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Indian Creek Pike Co. Mo.</b>		23d. LOCATION (City, town or county) (State)	
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24. FUNERAL DIRECTOR <b>Grace PARKHEAD Bowling Green Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 25-59</b>		26. REGISTRAR'S SIGNATURE: <b>Bernice Collier</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

Doctor, coroner, etc.: must use only standard nomenclature on item 18. No symptoms will be listed.

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. Kirke* .....

Licensed Embalmer No. *4597* .....

P. O. Address *Brambleton* .....

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.