SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-043695
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1348

FILED JAN 8 1962

AMENDED

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #2
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: FLORENCE Middle: Last: PARSONS
4. DATE OF DEATH Month Day Year: December 28, 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/7/1873
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): practical nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Knox County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Martin Hayes
13b. MOTHER'S MAIDEN NAME: Elizabeth Samuels
14. NAME OF HUSBAND OR WIFE: W. L. Parsons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Kenneth Waynes, Chillicothe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility & General Debility — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
A Patient in State Hospital since Dec. 8, 1961
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Dec. 28, 1961, to Dec. 28, 1961 and last saw her/him alive on Dec. 28, 1961
Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. F. Mundy M.D.
22b. ADDRESS: St. Joseph, Missouri
22c. DATE SIGNED: 12/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12/29/1961
23c. NAME OF CEMETERY OR CREMATORY: Edgewood Cemetery
23d. LOCATION (City, town, or county) (State): Chillicothe Mo.

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman, St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 3 1962
26. REGISTRAR'S SIGNATURE: Mrs Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Eugene Wood

Signature of Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th, St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.