

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008141

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 36 Primary Registration District No. _____ Registrar's No. 19

FILED FEB 27 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Ripley</u>		a. STATE <u>Missouri</u> COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>Route #1</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Tom Parsley</u>			4. DATE OF DEATH Month Day Year <u>February 16, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/24/1895</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ripley Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
11. BIRTHPLACE (City and state or country) <u>Ripley Co. Missouri</u>		14. NAME OF HUSBAND OR WIFE <u>Silas Parsley</u>	
13a. FATHER'S NAME <u>William Parsley</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Milum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv. <u>Yes WWI</u>)		17. INFORMANT Address <u>Raymond Parsley St. Louis</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pneumonitis</u>			<u>3 da.</u>
DUE TO (b) <u>Carcinoma of Lung</u>			<u>2 yr.</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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>June, 62</u> to <u>death</u> and last saw him alive on <u>1-27-63</u>			
Death occurred at <u>10:45 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gene H. Leroux, M.D.</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	22c. DATE SIGNED <u>2-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/19/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Flawn Brzy</u>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0910

2 0910

3

4 0

5 1

6

7 0

8 2

9 163X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION:

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 28 1963

Permit issued 2-19-63 S.B.
0-00
0-01
0-02
0-03
0-04
0-05
0-06
0-07
0-08
0-09

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 JACK L. CUNNINGHAM, Student Embalmer No. 676

working under my personal supervision.

Student JACK L. CUNNINGHAM
Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Taylor, 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.