

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22652

State File No. _____

Registration District No. 7-598

Primary Registration District No. 5985 4451

Registrar's No. 1682

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution NONE (Specify whether)
In this community Lizzie A Parker years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Ripley
(c) City or town Doniphan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LIZZIE A PARKER 626

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business _____

12. Name John Odum 9

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name Odie Hecker

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Jehathan Richmond

(b) Address Doniphan, Mo

17. (a) Burial (b) Date thereof JUNE 15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director L. W. Edwards

(b) Address Doniphan, Mo.

19. (a) June 15 1940 (b) C. B. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14th
year 1940 hour 7 minute 30 PM

21. I hereby certify that I attended the deceased from 11/11/39 to June 14 1940
that I last saw him alive on June 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hemorrhage
Due to 16/12/40

Due to _____

Other conditions (include pregnancy within 3 months of death) § 2 W

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 674
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clifford G. North (M. D. or other) _____
Address Doniphan, Mo Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.