

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29593

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

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4096</u>		Registrar's No. <u>148</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Mo.</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman</u>		c. LENGTH OF STAY (In this place) <u>67 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman Mo.</u>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>No Number</u>					
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Robert Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2-1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 28-1881</u>			
9. AGE (In years last birthday) <u>67</u>		10. MONTH <u>10</u>		11. DAY <u>4</u>		IF UNDER 1 YEAR: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Freeman Mo</u>		17. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James T Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary T Zion</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-22-6667</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Bybee</u>				ADDRESS <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES <u>ARTERIOSCLEROTIC HEART DISEASE</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>12 noon</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct 2</u> , 19 <u>49</u> , to <u>Oct 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 2</u> and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> Coroner (Designate title)				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>Oct 2 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 4 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 4, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Harrisonville Mo</u>			

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
Student Embalmer

Signed

Henry O. Johnson

Licensed Embalmer No.

3970

P. O. Address

St. Louis, 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 this body is not embalmed, fact should be so stated above.

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