

FILED SEP 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26275

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 5208		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY: <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hurricane</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Rural Hurricane TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Earl</u>	b. (Middle) <u>Roscoe</u>		c. (Last) <u>Parker</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 5 1900</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR <u>9</u> MONTHS	IF UNDER 24 HRS. <u>5</u> MIN.
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Bogworth Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francisco Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Sophia Maud Leatham</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Parker</u>		
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Earl Parker Hale 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture, Head Crushed.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Truck wheel fracture.</u> DUE TO (c) <u>Unavoidable - Truck hit</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rear wheel on tractor turning</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Tractor over. Truck wheel hitting head on Earl</u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Route of Carroll County</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Hale</u> (COUNTY) <u>County</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug - 10 - 1950 6 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck wheel crushing head.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Rex Henderson</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Bogard Mo.</u>		23c. DATE SIGNED <u>8/16/50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Hale Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 26, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>		5. GENERAL DIRECTOR'S SIGNATURE <u>Frank E. Slater</u>		ADDRESS <u>Hale Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank E. Slater

Licensed Embalmer No. *937*

P. O. Address *Hale 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.