

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31238

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <i>Ozark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Ozark</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Gainesville Mo city</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Gainesville Mo - city</i>	
c. LENGTH OF STAY (in this place) <i>Accept</i>		d. STREET ADDRESS (If rural, give location) <i>Gainesville Mo - city</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gainesville Mo - city</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>RALPH</i>	b. (Middle) <i>LUNA</i>	c. (Last) <i>PARKER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>9 - 3 - 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct-1-1926</i>	9. AGE (In years) (Last birthday) <i>23</i> (If under 1 year) (Months) <i>11</i> (Days) <i>2</i> (If under 2 hrs) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Magazine</i>	11. BIRTHPLACE (State or foreign country) <i>Ozark Co - Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Urban B. Parker</i>	13b. MOTHER'S MAIDEN NAME <i>Madge Luna</i>	14. NAME OF HUSBAND OR WIFE <i>Barbara Parker</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>	16. SOCIAL SECURITY NO. <i>497-22-6315</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Madge Parker</i>	ADDRESS <i>Gainesville Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hodgkins disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22: I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *ODA*, 19____, and that death occurred at *1:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>M. J. Hoerman</i>	(Degree or title) <i>DD (Coroner)</i>	23b. ADDRESS <i>Gainesville Mo</i>	23c. DATE SIGNED <i>9-5-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-6-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Gainesville City Cemetery - Gainesville</i>	24d. LOCATION (City, town, or county) (State) <i>Mo</i>
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DATE REC'D BY LOCAL REG. <i>9-6-50</i>	REGISTRAR'S SIGNATURE <i>William Cozwell</i>	409 23 FUNERAL DIRECTOR'S SIGNATURE <i>Clint Kinsler</i>	ADDRESS <i>Funeral Home</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 11 1950

Dist. File 930-1902

Date Filed 9-19-50

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 Arthur R. Rauf

Licensed Embalmer No. 3044

P. O. Address Yonkersville

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.