

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36104

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 1005 Registrar's No. 109

1. PLACE OF DEATH  
a. COUNTY Bates  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler  
c. LENGTH OF STAY (In this place) 2 wks  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Butler Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Bates  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Summit 0070  
d. STREET ADDRESS (If rural, give location) R.F.D. Butler

3. NAME OF DECEASED  
a. (First) Charles b. (Middle) B. c. (Last) Parker

4. DATE OF DEATH (Month) (Day) (Year)  
11-30-1950

5. SEX M  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH  
2-10-1891

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 9 Days 20 IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  
Barber

10b. KIND OF BUSINESS OR INDUSTRY  
Barbering

11. BIRTHPLACE (State or foreign country)  
Ireland

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
F.B. Parker

13b. MOTHER'S MAIDEN NAME  
Emily Stiles

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service).  
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Luella Sherman Butler, Mo.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 wks  
4/201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13<sup>th</sup>, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 1:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
L.D. Lottue, M.D.

23b. ADDRESS  
Butler, Mo.

23c. DATE SIGNED  
Dec. 1-1950

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
12-4-50

24c. NAME OF CEMETERY OR CREMATORY  
Radford Cemetery

24d. LOCATION (City, town, or county) (State)  
Bates, Missouri

DATE REC'D BY LOCAL REG. Dec 1-50 REGISTRAR'S SIGNATURE  
Randall Hovsey

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wm. Culver Underwood Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Lottue  
0071  
0

**RECEIVED** 12/7/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Recd 12/7/50

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert G. Steinbeck

Signed.....  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.