

## STANDARD CERTIFICATE OF DEATH

7600

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>367</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>27 days</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> <u>0117</u>			
d. STREET ADDRESS (If rural, give location) <u>914. no. 3rd</u>				8.			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
(Type or Print) <u>Elizabeth Dora Williams Parker</u>			<u>April</u>	<u>2</u>	<u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 24, 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Alfred T. Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Luritta Bellenshrene</u>		14. NAME OF HUSBAND OR WIFE <u>G. Y. Parker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. Y. Parker</u> ADDRESS <u>St Jos. 914 no 3rd</u>					
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					<u>no facts</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>arterio sclerosis</u>						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		4221					
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>					
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March 5, 1951</u> , to <u>April 2, 1951</u> , that I last saw the deceased alive on <u>April 2, 1951</u> , and that death occurred at <u>12:06 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Forrest Thomas</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St Joseph no 914 State Hosp no 2</u>		23c. DATE SIGNED <u>4/2-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Missouri</u>			
DATE REC'D BY LOCAL REG. <u>April 5, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cas</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u> ADDRESS <u>Bowman Funeral Home, St. Joseph, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Student Embalmer

Signed.....

*James B. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Omaha

**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.