

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15339

State File No.

BIRTH NO. REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6199 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give STATE and the place) <u>Mountain Grove</u>		c. CITY (If outside corporate limits, write RURAL and give STATE) <u>Mountain Grove</u>	
c. LENGTH OF STAY (at this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Richard Ruel Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 15, 1902</u>		9. AGE (In years last birthday) Months Days <u>48 8 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Min. Grove, Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Wm Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs Emma Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Never married.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by shotgun</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <u>E976X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at his home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Twp. Texas Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>April 5 1951 10 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>With shot gun</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 10 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. James H. Wood, Local Registrar Dist 37 & Mountain Grove.</u>		23b. ADDRESS <u>Mountain Grove.</u>		23c. DATE SIGNED <u>4-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	
24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4-10-51</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u>	
				ADDRESS <u>Mountain Grove, Mo</u>	

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

070

DIVISION OF HEALTH OF MA.
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 421-208

Date Filed 4-18-51

1967 97 AS/MS

MAY 29 1951

MAY 8 1951

APR 23 1951

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 Russell Baker

Licensed Embalmer No. 3848

P. O. Address _____

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.