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

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20469

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indep. Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blue 0460
d. STREET ADDRESS (If rural, give location): Rt. 2. Allen Road

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Makinson
c. (Last): Parker

4. DATE OF DEATH (Month) (Day) (Year): 6-25-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 7-1874
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Vernon County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James M. Parker
13b. MOTHER'S MAIDEN NAME: Sarah Jane Stout
14. NAME OF HUSBAND OR WIFE: Rosa Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-14-4603
17. INFORMANT'S SIGNATURE OR NAME: Rosa Parker — ADDRESS: Rt 2 Indep. 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) Cerebral Embolism with rt hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) arteriosclerotic +
DUE TO (c) Hypertensive Cardiovascular disease with auricular fibrillation — 4 years

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: 443X
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* 1949, 19___, *to* 6/25, 1951, *that I last saw the deceased alive on* 6/25, 1951, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vance E. Link, M.D. (Degree or title)
23b. ADDRESS: Independence, Mo
23c. DATE SIGNED: 6/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-1951
24c. NAME OF CEMETERY OR CREMATORY: Mound Grove
24d. LOCATION (City, town, or county) (State): Indep. Mo

DATE REC'D BY LOCAL REG.: 6-28-51
REGISTRAR'S SIGNATURE: 354
25. FUNERAL DIRECTOR'S SIGNATURE: Dixon L. Kelly — ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 REC'D.

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.