

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **676**

676

4

BIRTH NO. --- REG. DIST. NO. **977** PRIMARY REG. DIST. NO. **3016** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY COLE County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	c. LENGTH OF STAY (in this place) 36 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VIENNA Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Marys Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) CASS c. (Last) PARKER	4. DATE OF DEATH (Month) (Day) (Year) Jan - 7 - 52
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-24-1899
9. AGE (In years last birthday) 52	IF UNDER 1 YEAR (Months) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER	10b. KIND OF BUSINESS OR INDUSTRY BARBER
11. BIRTHPLACE (State or foreign country) MELROSE, WISCONSIN	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wesley Parker Pearl	13b. MOTHER'S MAIDEN NAME HAYES	14. NAME OF HUSBAND OR WIFE ETHEL RAGAN PARKER
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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) no	16. SOCIAL SECURITY NO. 497-14-7264	17. INFORMANT'S SIGNATURE OR NAME Ethel R. Parker	ADDRESS Vienna Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 5 days <i>not known</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 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	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) (m.)	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 **Jan 4, 1952**, to **Jan 7, 1952**, that I last saw the deceased alive on **Jan 6, 1952**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl V. Lord M.D.	23b. ADDRESS 425 2nd Street Jeff. City, Mo.	23c. DATE SIGNED 1-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan 11, 1952	24c. NAME OF CEMETERY OR CREMATORY VIENNA Public Cemetery	24d. LOCATION (City, town, or county) (State) VIENNA MISSOURI
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DATE REC'D BY LOCAL REG. Jan 7-1952	REGISTRAR'S SIGNATURE R.P. Darrin, MD	25. FUNERAL DIRECTOR'S SIGNATURE The Birmingham	ADDRESS Vienna Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

2640

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RECEIVED JAN 9 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed **JAN 9** 1952

JAN 2 1952

JAN 10 1952

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.

Signed.....
Student Embalmer

Signed *W. C. Cunningham*
Licensed Embalmer No. *3664*
P. O. Address *Cleming, 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.