

STANDARD CERTIFICATE OF DEATH

State File No. **9172**

9172

FILED MAR 25 1952

REG. DIST. NO. **224 5744** PRIMARY REG. DIST. NO. **333**

Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) No Street Number			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Monroe c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) 3-14-1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 31, 1874	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm		9. AGE (In years) 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) Farmer Retired			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Benjamin Parker			13b. MOTHER'S MAIDEN NAME Virginia Sæet			14. NAME OF HUSBAND OR WIFE Ollie Parker, Clarksburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ollie Parker, Clarksburg, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 3 days
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy					
		ANTECEDENT CAUSES Arteriosclerosis					
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		334X					
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) Clarksburg Moniteau Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1 , 19 49 , to March 14 , 19 52 , that I last saw the deceased alive on March 14 , 19 52 , and that death occurred at 10 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. R. Popejoy, M.D.				23b. ADDRESS California		23c. DATE SIGNED 3/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/52		24c. NAME OF CEMETERY OR CREMATORY Clarksburg Masonic		24d. LOCATION (City, town, or county) (State) Clarksburg, Mo.	
DATE REC'D BY LOCAL REG. 3-17-52		REGISTRAR'S SIGNATURE H. R. Popejoy, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James E. Richard - Zator Mo		

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

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 James E. Pugh
Licensed Embalmer No. 5466
P. O. Address Lepton 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.