

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21112**

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3a39 Registrar's No. 482

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY in this place <u>9 months</u>		d. STREET ADDRESS (If rural, give location) <u>215 W. Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Porrell Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane</u> b. (Middle) <u>Murray</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1952</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>Feb. 26 1877</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Days <u>5</u> IF UNDER 1 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>near La Lata Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Dunnington</u>	
14. NAME OF HUSBAND OR WIFE <u>Samuel Parker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Parker Jr.</u>		ADDRESS <u>Kansas City, Mo.</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		DUE TO (b) <u>Atherosclerosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hypertension</u>					
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>332X</u>				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) (Min.)		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>5-1</u> , 19 <u>52</u> , to <u>5-28</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Charles W. Jones M.D.</u>			23b. ADDRESS <u>Marceline Mo</u>		23c. DATE SIGNED <u>5-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>near Marceline M.</u>

DATE REC'D BY LOCAL REG. <u>5/29/52</u>		REGISTRAR'S SIGNATURE <u>James M. Laughlin</u> 401		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u> ADDRESS <u>Marceline, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.