No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25436

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 58

2500
1

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MERAMEC
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR - HOUSE SPRINGS MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MERAMEC TWSHIP 0500
d. STREET ADDRESS (If rural, give location): NEAR - HOUSE SPRINGS - MO

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JEFFERSON
c. (Last): DARKER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29 - 1953

5. SEX: M C
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: MARCH 2 - 1870
9. AGE (In years last birthday): ~~85~~ 83 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: TOOL & DIE MAKER
11. BIRTHPLACE (State or foreign country): NASHVILLE - TENN.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 498-07-8635
17. INFORMANT'S SIGNATURE OR NAME: Wm. F. Morrison — ADDRESS: St Louis 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): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Edwards M.D. Coroner
23b. ADDRESS: Cedar Hill. Mo.
23c. DATE SIGNED: 6/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county): St Louis (State): Mo

DATE REC'D BY LOCAL REG.: 7-11-1953
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: Jos Clark — ADDRESS: St Louis Mo

(Licensed Embalmer's Statement on Reverse Side) 1135 HODIAMONT - AVE

JUL 17 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 20 1953

DATE RECEIVED JUL 16 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Alfred F. Doedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.

St. Louis Mo.
July 9th 1953

ureau of Vital Statistics
Jefferson city Mo.

NO FEE
ENCLOSED

JUL 13 1953
25-436

Gentlemen

I the undersigned gave
he incorrect age of my Father-
n-law WILLIAM J. PARKER when making funeral
rangements, and also at the
nquest held at House Springs Mo.
I stated his age as being
85 years old instead of his
orrect age of 83 years old.
Will you please change
death certificate record.

Signed
Louis F. Morrison
1641 a Mc Laran Ave.
St Louis (21) Mo.

bed and Sworn to
me this 10th day of
953.
Freeman
NOTARY PUBLIC
Y COMMISSION EXPIRES SEPTEMBER 19, 1955

S - 25436