

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25709

FILED JUL 25 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 3130

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

<b>1. PLACE OF DEATH</b> a. COUNTY <p style="text-align: center; font-size: 1.2em;">Moniteau Co</p>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center; font-size: 1.2em;">Missouri</p> b. COUNTY <p style="text-align: center; font-size: 1.2em;">Harrison Co</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center; font-size: 1.2em;">Rural Walker</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center; font-size: 1.2em;">1 Year</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center; font-size: 1.2em;">New Hampton, Mo</p>		040
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">Jamestown Star Rt. California, Mo</p>			d. STREET ADDRESS (If rural, give location) <p style="text-align: center; font-size: 1.2em;">New Hampton, Mo</p>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <p style="text-align: center; font-size: 1.2em;">Mary</p>		b. (Middle) <p style="text-align: center; font-size: 1.2em;">Harriet</p>	c. (Last) <p style="text-align: center; font-size: 1.2em;">Parker</p>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <p style="text-align: center; font-size: 1.2em;">July 18 1953</p>
<b>5. SEX</b> <p style="text-align: center; font-size: 1.2em;">Female</p>	<b>6. COLOR OR RACE</b> <p style="text-align: center; font-size: 1.2em;">White</p>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <p style="text-align: center; font-size: 1.2em;">Widowed</p>	<b>8. DATE OF BIRTH</b> <p style="text-align: center; font-size: 1.2em;">Sept 19 1869</p>		<b>9. AGE</b> (In years last birthday) (Months) (Days) (Hours) (Min.) <p style="text-align: center; font-size: 1.2em;">83 9 30</p>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">House Wife</p>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <p style="text-align: center; font-size: 1.2em;">Own Home</p>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <p style="text-align: center; font-size: 1.2em;">Indiana</p>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <p style="text-align: center; font-size: 1.2em;">U.S.A.</p>
<b>13a. FATHER'S NAME</b> <p style="text-align: center; font-size: 1.2em;">Thomas Johnson</p>		<b>13b. MOTHER'S MAIDEN NAME</b> <p style="text-align: center; font-size: 1.2em;">Mary Townsend</p>		<b>14. NAME OF HUSBAND OR WIFE</b> <p style="text-align: center; font-size: 1.2em;">Deceased</p>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">No</p>	<b>16. SOCIAL SECURITY NO.</b> <p style="text-align: center; font-size: 1.2em;">None</p>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <p style="text-align: center; font-size: 1.2em;">Mrs. Ethel M. Smeal California, Mo.</p>			
<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <p style="text-align: center; font-size: 1.5em;">MEDICAL CERTIFICATION</p> <p style="text-align: center; font-size: 1.5em;">Cerebrovascular</p>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)  DUE TO (c)				
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 checked="" type="checkbox"/>				
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <p style="text-align: center; font-size: 1.5em;">4500</p>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <p style="text-align: center; font-size: 1.2em;">Walker Twp. Moniteau Mo</p>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK?</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from May 3, 1953 to July 18, 1953, that I last saw the deceased alive on July 16, 1953 and that death occurred at 2 A.M., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <p style="text-align: center; font-size: 1.2em;">L. J. Berman, D.O.</p>		<b>23b. ADDRESS</b> <p style="text-align: center; font-size: 1.2em;">California, Mo</p>		<b>23c. DATE SIGNED</b> <p style="text-align: center; font-size: 1.2em;">7/19/53</p>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State)	
<p style="text-align: center; font-size: 1.2em;">Burial</p>	<p style="text-align: center; font-size: 1.2em;">7/20/53</p>	<p style="text-align: center; font-size: 1.2em;">Lone Star Cemetery</p>		<p style="text-align: center; font-size: 1.2em;">New Hampton, Mo</p>	
<b>DATE REC'D BY LOCAL REG.</b> <p style="text-align: center; font-size: 1.2em;">7/20/53</p>	<b>REGISTRAR'S SIGNATURE</b> <p style="text-align: center; font-size: 1.2em;">N. L. Poyay</p>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <p style="text-align: center; font-size: 1.2em;">Earl Bowlin - California, Mo</p>		

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**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 Earl Bowler

Licensed Embalmer No. 2126

P. O. Address California

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.