

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39214**
5445

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1		STREET ADDRESS (If rural, give location) 808 Wabash		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Bert		b. (Middle) Wallace		c. (Last) Parker	
4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17 1883		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) Chariton Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Parker		13b. MOTHER'S MAIDEN NAME —	
14. NAME OF HUSBAND OR WIFE Emma S. Parker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 516-16-16292	
17. INFORMANT'S SIGNATURE OR NAME Emma Parker		ADDRESS 808 Wabash Kas. C. Mo.		18. CAUSE OF DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 Nov. 9 , 19 53 , to Nov. 14 , 19 53 , that I last saw the deceased alive on Nov. 14 , 19 53 , and that death occurred at 1:55 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE B. I. Burns		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 11-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 17 1953		24c. NAME OF CEMETERY OR CREMATORY Green Lawn	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 11-17-53		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster		ADDRESS 918 Brooklyn K.C. 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.....
Signature of Student Embalmer

Signed *Dean Owens*.....

Licensed Embalmer No. *428*.....

P. O. Address *K. C. Ma*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.