

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16085

1892

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1892</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>D.O.A. GENERAL HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>420 WEST 11th STREET</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>EDWIN</u>		c. (Last) <u>PARKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>A PRIL 25, 1954</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 20, 1923</u>		9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>-</u>		11. DAYS <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSEMBLY LINE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WILSON, NORTH CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CECIL H. PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>ELOSE BROCK</u>		14. NAME OF HUSBAND OR WIFE <u>MARY A. PARKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W.II</u>		16. SOCIAL SECURITY NO. <u>243-24-2150</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARY PARKER 420 West 11th Street</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Barbiturate Intoxication</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>87 1/2</u>	
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) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-25-54 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>took sleep dose of barbiturate</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. C. Keelhofer</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>4050 Broadway St. E. Mo</u>		23c. DATE SIGNED <u>4-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>MT. OLIVE, NORTH CAROLINA</u>	
DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>Bealdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman</u>		ADDRESS <u>R.E. Mo</u>	

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

(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.....
Signature of Student Embalmer

Signed *Bert B. Bennett*
~~W.C. Bennett~~ 465

Licensed Embalmer No. ~~478~~ 465

P. O. Address ~~150 7th~~
K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.