

No. 300  
16.48

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26099

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before b. COUNTY <u>WEBSTER</u> ) a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD</u> c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEYMOUR</u> 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANDIE</u> b. (Middle) <u>PARRKEE</u> c. (Last) <u>DUDLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-54</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1-20-1870</u>	9. AGE (In years last birthday) <u>84</u>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTH PLACE (City and State or Foreign County) <u>WEBSTER CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JOE PETERS</u>	13b. MOTHER'S MAIDEN NAME <u>VIKKI WEN</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ANN. BATY SEYMOUR MO</u>	ADDRESS <u>MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Prolonged Recumbency</u> <u>Fracture of neck of left femur.</u>		
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>112</u>
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 6-5-54 to 7-4-54, that I last saw the deceased alive on 7-4-54, and that death occurred at 11:23 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blair 2nd</u>	23b. ADDRESS <u>Manfield, Mo.</u>	23c. DATE SIGNED <u>7/4/54</u>
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24a. BURLAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>
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DATE REC'D BY LOCAL REG. <u>7-30-54</u>	REGISTRAR'S SIGNATURE <u>J. Trauer</u>	25. FURNERAL DIRECTOR'S SIGNATURE <u>Robert B. ...</u>	ADDRESS <u>Seymour MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

120  
9

EXHIBIT 4  
1954

**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 *How G. Jarrell*

Licensed Embalmer No. *4847*

P. O. Address *Windsor, 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.