

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26641**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>20 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>715 Cardinal</b>		d. STREET ADDRESS (If rural, give location) <b>715 Cardinal</b>	

3. NAME OF DECEASED (Type or Print) <b>Charles Oral Parker</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 3, 1892</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 24 HRS. Hours <b>0</b>	IF UNDER 24 HRS. Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Warden Mo. State Prison</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Carthage, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>William Parker</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Leola Ann Parker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Leola Parker Jefferson City, Mo</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral aneurysm</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renovated arteriosclerosis</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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)
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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?
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22. I hereby certify that I attended the deceased from 7-25-54, 1954, to 9-8, 1954, that I last saw the deceased alive on 9-8, 1954, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. V. McKeally</b>	(Degree or title)	23b. ADDRESS <b>Jefferson City Mo</b>	23c. DATE SIGNED <b>9-8-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Sept. 10, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Budman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept 8-1954</b>	REGISTRAR'S SIGNATURE <b>R. P. Darrin</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Victor Kuesche</b>	ADDRESS <b>Jefferson City Mo</b>
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Sept 8 68-0 (Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 8

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 *Victor Buscher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.