

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28030

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

FILED AUG 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>		c. CITY OR TOWN <u>Crystal City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>116 Jefferson Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>J.</u> c. (Last) <u>Parkin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 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>June 16, 1892</u>	9. AGE (in years last birthday) <u>62</u>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George G. Parkin</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Malloy</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Thompson</u>	
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 ADDRESS <u>Mrs. R. G. Parkin Crystal City Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Few Min.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3-31 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 3-27, 1953, to 8-23 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul D. Smith, M.D.</u>		23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>8-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	
		24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>8-5-54</u>		REGISTRAR'S SIGNATURE <u>Gene G. Rader</u>		HEALTH DEPARTMENT DIRECTOR'S SIGNATURE ADDRESS <u>Henry R. Polite Crystal City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0501

JEFFERSON COUNTY HEALTH  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 14 1954

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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.....  
Signature of Student Embalmer

Signed *Penney R. Polittle*.....

Licensed Embalmer No. *348*.....

P. O. Address *Crystal*.....

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.