

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30181

State File No.

FILED SEP 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5357</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Benton Twn.</u>		c. LENGTH OF STAY (In this place) -		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elwood</u>		8150 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Auto Accident Grandriver</u>				d. STREET ADDRESS (If rural, give location) -			
3. NAME OF DECEASED (Type or Print) <u>Albert Huge Parker</u>				c. (Last) <u>Parker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 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>Sept 12, 1916</u>	
9. AGE (In years last birthday) <u>38</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Iron DUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo Cotton, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Henry A. Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Simmer</u>		14. NAME OF HUSBAND OR WIFE <u>Frances L. Parker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-12-5750</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances L. Parker, Elwood, Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of 4th & 5th cervical vertebrae</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Airway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Benton Daviess Mo</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY <u>Sept 18, 1954 9:30 p.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>Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>9:30P</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>Coroner</u> (Degree or title) <u>J. Baumgardner, D.O.</u>				22b. ADDRESS <u>Pattonsburg Mo</u>		22c. DATE SIGNED <u>9/18/54</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-23-1954</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvin Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pattonsburg, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-24-54</u>		REGISTRAR'S SIGNATURE <u>Virginia M. English</u>		24. FUNERAL DIRECTOR'S SIGNATURE <u>Travis</u>		ADDRESS <u>Pattonsburg, Mo</u>	

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

1956 FEB 7

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

Louis Rust

Licensed Embalmer No. *4096*

P. O. Address *Patterson, N.J.*

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.