

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

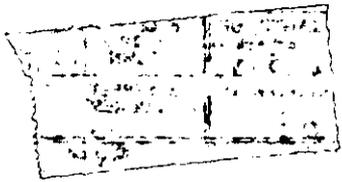
State File No. 38108

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		d. CITY OR TOWN <u>LaMonte</u>		e. STATE <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Parker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>10</u> <u>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>8-18-1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeral Director</u>		11. BIRTHPLACE (State or foreign country) <u>Livingston Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Benjamin Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Benannah Rower</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Parker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-38-9206</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Parker</u> ADDRESS <u>LaMonte Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u> Interval between onset and death <u>10 min</u>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. _____							
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>LaMonte, Pettis, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>50</u> , to <u>Nov 10</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>54</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. W. Lewis, M.D.</u>				23b. ADDRESS <u>Knob Nester, Mo.</u>		23c. DATE SIGNED <u>Nov 12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-16-54</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>LaMonte, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MS MAR 8 - 1955



NOV 24 1952

APR 12 1955

**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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, MS

**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.