

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10032

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2437

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>E. ST. LOUIS 8178</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp. Assn.</u>		f. STREET ADDRESS (If rural, give location) <u>R.R. #5 Lincoln Trail</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DORIS</u>	b. (Middle) <u>ISABELL</u>	c. (Last) <u>PARKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-55</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-10-1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Telephone Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Bell</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles W. Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Stewart</u>	14. NAME OF HUSBAND OR WIFE _____
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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. <u>492-07-6927</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. W. Parker</u>	ADDRESS <u>RR 5 - Lincoln Tr. E. St. Louis</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cecum</u> 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 _____	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>153x</u>

22. I hereby certify that I attended the deceased from 2-1, 1955, to 3-16, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Royal A. Wier M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>462 1/2 Taylor</u>	23c. DATE SIGNED <u>3-17-55</u>
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24a. BURIAL, CREMATION, TYPICAL REMOVAL <u>Removal</u>	24b. DATE <u>3/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson, Miss.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 17 1955</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles G. Korman Jr.</u>	ADDRESS <u>225 State E. St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Chas B. Korman Jr*

Licensed Embalmer No...2191...

P. O. Address *2525 S. 17th St  
E. St. L*

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.