

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14868

State File No.

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 746

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Parma</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Missouri Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Parker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 28 1889</u>
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Malvern Air Base State of Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>public works</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>James Parker</u>		13b. MOTHER'S MAIDEN NAME <u>Emmaline Howard</u>	
13c. NAME OF HUSBAND OR WIFE <u>Julia Parker</u>		14. NAME OF HUSBAND OR WIFE	
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>375-24-6342</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Parker Parker</u>		17. ADDRESS <u>Parma Mo;</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medicinal Certification</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal Ulcer</u>		*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) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>May 24, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal Ulcer</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5410	
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?	
22. I hereby certify that I attended the deceased from <u>8-22</u> , 19 <u>55</u> , to <u>June 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 5</u> , 19 <u>55</u> , and that death occurred at <u>2:00</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. B. K. Kalaugh</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>6-8-55</u>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 8 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parma Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-9-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
44-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wattling Funeral Service</u>	
ADDRESS <u>Parma</u>		ADDRESS	

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..... *Marsh Watkins*

Licensed Embalmer No..... *477*

P. O. Address..... *Deerfield*

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.