

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29803**
3883
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>GAINESVILLE</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. JOSEPH HOSPITAL</u>		c. LENGTH OF STAY (in this place) <u>38 days</u>		e. STREET ADDRESS <u>0719</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>LEE</u>		b. (Middle) <u>ED</u>		c. (Last) <u>PARKER</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 3 1955</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>MAY 3, 1915</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTENDANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STATE HOSP. MASS.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GAINESVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. E. PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>LOLA WOOD</u>		14. NAME OF HUSBAND OR WIFE <u>LEONA 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. LEONA PARKER</u>		17. ADDRESS <u>GAINESVILLE, MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Pontine Encephalomalacia - 6 weeks</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>332X</u>		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
ANTECEDENT CAUSES		DUE TO (b) <u>Thrombosis of Post Cerebral Artery</u>		DUE TO (c) <u>Thrombosis of Splenic & Periphul vessel</u>		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 checked="" type="checkbox"/> NO <input 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)		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>Post hospital</u> , 19 <u>55</u> , that I last saw the deceased alive on <u> </u> , 19 <u>55</u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Josephs Hospital</u>	
23c. DATE SIGNED <u>4 Sept 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gainesville, Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>Gainesville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Thompson</u>		25. ADDRESS <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>9-5-55</u>	

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

SEP 28 1958

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 *Adrian Jay Ste...*

Licensed Embalmer No. *48*

P. O. Address *1567*

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.