

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34521**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Elvins		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			STREET ADDRESS (If rural, give location) 0940		
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL		b. (Middle) JOE	c. (Last) PARKER	4. DATE OF DEATH (Month) (Day) (Year) Nov-4-1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 11, 1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 2 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Bill Waugh		13b. MOTHER'S MAIDEN NAME Betty Parker		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Betty Parker ADDRESS Elvins, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) VIRUS PNEUMONITIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 492x				INTERVAL BETWEEN ONSET AND DEATH 1 DAY 3 DAYS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 11-4 , 19 55 , to 11-4 , 19 55 , that I last saw the deceased alive on 11-4-55 , 19 55 , and that death occurred at 3:00 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE D. E. Howell (Degree or title) D.O.			23b. ADDRESS Flat River, Missouri		23c. DATE SIGNED Nov-7-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov-6-1955	24c. NAME OF CEMETERY OR CREMATORY Layne Cemetery		24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.	
DATE REC'D BY LOCAL REG. Nov 7, 1955	REGISTRAR'S SIGNATURE Ethel Redloff		25. FUNERAL DIRECTOR'S SIGNATURE Murphy L. Sparks ADDRESS Flat River, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *452*

P. O. Address *Hot River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.