

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39731

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1341

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>17 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>20170 2115 Lovers Lane</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Body found on front steps 2228 N. 22nd Street</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Lee</u> | b. (Middle) <u>Estelle</u> | c. (Last) <u>Parker</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 7, 1955</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>September 23, 1902</u> | 9. AGE (In years last birthday) <u>53</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>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William E. Johnston</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Christensen</u> | 14. NAME OF HUSBAND OR WIFE <u>Walter S. Parker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Johnston</u> | ADDRESS <u>St. Joseph, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION: | | INTERVAL BETWEEN ONSET AND DEATH <u>1</u> <u>Unknown.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Humerus of Adrenal Gland - Not malignant</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>224X</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 12-7, 1955, to 12-7, 1955, that I last saw the deceased alive on 12-7, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Hester A. Lane</u> | 23b. ADDRESS <u>M.D. 217 Kingsback Bldg - St. Joseph, Missouri</u> | 23c. DATE SIGNED <u>December 10, 1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>December 10, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 23, 1955</u> | REGISTRAR'S SIGNATURE <u>485 Kathleen M. Allison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maierhofer - Johnson</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1956

JUN 3 1957

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 *Edward P. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

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.