

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39911**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **4081** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CARROLL</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>BOSWORTH MO.</b> )		c. LENGTH OF STAY (in this place) <b>ALL LIFE</b>	c. CITY OR TOWN <b>BOSWORTH MO</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <b>ELIZABETH</b> (Type or Print)		b. (Middle) <b>MAE</b>	c. (Last) <b>PARKER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 9 1955</b>		5. SEX <b>F</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	
8. DATE OF BIRTH <b>JAN 19 - 1881</b>		9. AGE (In years last birthday) <b>74</b>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>BOSWORTH MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Gilbert Vincent</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Josephine Darks</b>	
14. NAME OF HUSBAND OR WIFE <b>DECEASED.</b>		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.		17. INFORMANT'S SIGNATURE OR NAME <b>AUSTIN PARKER</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <b>BOSWORTH MO</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene, Rt. foot</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wk</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>260X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) 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 <b>Nov 1</b> , 1955, to <b>Dec 9</b> , 1955, that I last saw the deceased alive on <b>Nov 24</b> , 1955, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John H P Laty</b>		23b. ADDRESS <b>ms Carrollton Mo</b>	
23c. DATE SIGNED <b>12-10-55</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 11 - 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>WHADTON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>4 M. S.E. BOSWORTH MO</b>	
DATE REC'D BY LOCAL REG. <b>Dec 16 / 1955</b>		REGISTRAR'S SIGNATURE <b>Pearl Koch</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Laura Edwards</b>		ADDRESS <b>Bosworth mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Daniel Edward*

Licensed Embalmer No. *32*

P. O. Address *Brunswick*

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